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Student-athletes encounter a series of unique stressors associated with their athletic status that can compromise their well-being (Beauchemin, 2012; Brown et al., 2014; Parham, 1993; Valentine & Taub, 1999). There is evidence to suggest that demands on student-athletes' increase their risk for experiencing certain mental and physical distress (e.g., eating disorders, anxiety, depression) (Brown et al., 2014; Etzel et al., 2006; Rice et al., 2016). Further, student-athletes are less likely to seek help from mental health professionals than their non-athlete peers (Watson, 2005). The purpose of this study was to understand the role that communication plays in socializing student-athletes, and how communication influences their perceptions of seeking mental health services.

The research questions in this study were the following: 1) What are the memorable messages student-athletes receive that inform their perceptions of seeking mental health services? 2) Which sources who deliver the memorable messages have the greatest impact on student-athletes' attitudes and perceptions of seeking mental health services? This study utilized Consensual Qualitative Research (CQR) to conduct and analyze in-depth interviews about Division I student-athletes' experiences and context surrounding the memorable messages received, with the intention of identifying themes that capture the impact the messages have had on their help-seeking attitudes and behaviors.

The current body of research provides evidence that memorable messages student-athletes received have positively and negatively influenced their attitudes and behaviors towards seeking professional help. Findings from this current study revealed that, across the two domains that directly answered the research questions, there were five *general* categories and seven *typical* categories indicating there were commonalities in the memorable messages received and significant sources who communicated them. All participants identified and recalled specific memorable messages, both positive and negative, regarding seeking mental health services; however, overall student-athletes received a higher frequency of positive messages. The common theme around the positive messages student-athletes received were some variation of “It’s ok to not be ok” while the theme around the negative messages received were rooted in sport culture norms such as “Athletes are supposed to be tough” and “You’re weak if you need help.” The significant sources who most influenced student-athletes’ perceptions of seeking mental health services were coaches and family (parents, dad, mom, sister, and uncle).

MEMORABLE MESSAGES THAT SHAPE STUDENT-ATHLETES' PERCEPTIONS
OF SEEKING MENTAL HEALTH SERVICES

by

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APPROVAL PAGE

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TABLE OF CONTENTS

	Page
LIST OF TABLES	viii
LIST OF FIGURES	ix
 CHAPTER	
I. INTRODUCTION	1
Communication in Sports: Memorable Messages	2
The Student-Athlete	3
Statement of the Problem	6
Student-Athlete Mental Health Concerns	6
Student-Athlete Help-Seeking Behavior	8
Stigma	8
Theory of Planned Behavior	13
Gap	17
Purpose	18
Significance/Need for Study	18
Research Questions	19
Operational Definitions	20
Overview of Study	21
II. LITERATURE REVIEW	22
Student-Athlete Mental Health Concerns	22
College Students	22
Student-Athletes	23
Prevalent Mental Health Concerns Among Student-Athletes	23
Anxiety	23
Depression	26
Eating Disorders	30
Substance Use	33
Support Services and Preferences for Student-Athletes	
Seeking Help	36
Student-Athlete Help-Seeking Behavior	39
Barriers for Student-Athletes Seeking Help	39
Athlete Identity and Sport Culture	39
Cultural Factors Influencing Help-Seeking Behavior	43
Stigma	47

Mental Health Literacy	51
Time, Confidentiality, and Prior Experiences/Expectations	53
Communication in Sports: Memorable Messages	55
Components of TBP: Determinants (<i>Direct and Indirect</i>)	66
Empirical Evidence for TPB	67
Application of TPB and Student-Athlete Help-Seeking Behavior	69
Limitations of TPB	70
III. OUTLINE OF PROCEDURES	72
Research Questions	73
Methodology	73
Philosophical Background of CQR	73
Key CQR Components	75
Rationale for CQR Methodology	77
Participants	77
Measures	80
Procedures	80
Research Team	80
Recruitment	81
Interview Protocol	84
Initial Interview Guide	85
Pilot Study	86
Revised Interview Guide	90
Data Analysis	92
Limitations of the Study	95
IV. RESULTS	96
Introduction of Findings	96
Description of Sample	97
Overview of Findings	101
Main Domains and Categories	106
Domain Three: Memorable Messages/Experiences That Have Influenced Student-Athletes' Help-Seeking Behaviors	107
Positive Messages/Experiences	107
Negative Messages/Experiences	108
No Message/Neutral	109
Age Message is Received	110
How Message Shifted Over Time	110
Domain Four: Significant Sources of Memorable Messages	111
Coaches	112
Family	113

Teammates/Friends	114
Athletic Personnel	115
Professional Athletes/Celebrities	116
Social Media	116
NCAA	117
Song	117
Additional Domains	118
Domain One: Athlete Identity	118
Benefits of Being an Athlete	118
Positive Values and Skills	119
Opportunities	119
Drawbacks of Being an Athlete	120
Harmful Values, Norms, and Behaviors	120
Sacrifices	121
There's More to Life Than Sports	122
Challenges of College Transition	122
Domain Two: Factors that Influence Student-Athletes Seeking	
Mental Health Services	123
Barriers	123
Mental Health Barriers	123
Logistical Barriers	124
Athletic Barriers	125
Facilitators	126
Mental Health Facilitators	126
Logistical Facilitators	127
Athletic Facilitators	128
Domain Five: Student-Athletes' Stories and Stressors	128
Athlete Stressors	129
Physical/Practical Stressors	129
Mental/Emotional Stressors	130
Interpersonal Stressors	131
Academic Stressors	132
Coping Strategies	132
Healthy Coping Strategies	132
Unhealthy Coping Strategies	133
Lessons Learned/Advice to Other Athletes	134
Mental Health and Physical Health are	
Equally Important	134
Be Happy Outside of Sport	135
Domain Six: Other	135
Gender Norms in Sports	136
Specific Sport Teams' Openness to Mental Health	136
Summary of Findings	136

V. CONCLUSION	138
Introduction of Discussion.....	138
Overview of Findings	139
Discussion of Findings.....	140
Domain Three: Memorable Messages/Experiences That Have Influenced Student-Athletes' Help-Seeking Behaviors.....	141
Positive Messages/Experiences	141
Negative Messages/Experiences	146
No Message/Neutral	148
Age Message Was Received.....	149
How Message Shifted Over Time.....	150
Domain Four: Significant Sources of Memorable Messages	151
Coaches	151
Family	153
Teammates/Friends	155
Athletic Personnel.....	156
Professional Athletes/Celebrities	156
University/College	157
Social Media	158
NCAA	158
Song	159
Theory of Planned Behavior Application (TPB)	159
Additional Findings	161
Domain One: Athlete Identity.....	161
Benefits of Being an Athlete.....	162
Positive Values and Skills.....	162
Opportunities	163
Drawbacks of Being an Athlete	163
Harmful Values, Norms, and Behaviors.....	164
Sacrifices.....	164
There's More to Life Than Sports	165
Challenges of College Transition	166
Domain Two: Factors That Influence Student-Athlete Seeking Mental Health Services.....	167
Barriers.....	167
Facilitators	168
Domain Five: Student Athletes' Stories and Stressors.....	170
Athlete Stressors	170
Coping Strategies.....	171
Lessons Learned/Advice to Other Athletes	173
Domain: Other	174
Summary of Discussion	175

Limitations	175
Implications for Practice	177
Future Research	181
REFERENCES	184
APPENDIX A. DEMOGRAPHIC QUESTIONNAIRE	205
APPENDIX B. RECRUITMENT EMAIL	207
APPENDIX C. INFORMED CONSENT FORM	208
APPENDIX D. INFORMATIONAL HANDOUT	212
APPENDIX E. COMPLETE/REVISED INTERVIEW GUIDE	214
APPENDIX F. STUDY MODIFICATIONS.....	216
APPENDIX G. BRACKETING EXERCISE	217

LIST OF TABLES

	Page
Table 1. Demographics of Participants (Overview)	98
Table 2. Participant Student-Athlete Profiles	100
Table 3. Domain Definitions	102
Table 4. Domains, Categories and Subcategories, Participants, and Frequency Labels	103

LIST OF FIGURES

	Page
Figure 1. Theory of Planned Behavior Model	17
Figure 2. Theory of Planned Behavior.....	67

CHAPTER I

INTRODUCTION

“No pain no gain,” “Shake it off,” “Never give up,” and “Mental toughness” are just a few of the mantras that have been normed in sport culture (Coakley, 2004; Doherty et al., 2016; Hughes & Coakley, 1991; Mentink 2002; Starcher, 2015). Although these messages might hold some merit in terms of gaining success on the field, one cannot dismiss the threat these messages and other unique stressors pose for athletes’ well-being (Beauchemin, 2012). College student-athletes may be at-risk for impaired mental health, including disturbed mood, depression, anxiety, and poor sleep quality, due to their demanding lifestyles (Brown et al., 2014). In fact, approximately 10-15% of student-athletes suffer from distressing mental health symptoms and concerns that would warrant seeking counseling (Watson, 2006). Given there are approximately 460,000 NCAA (National Collegiate Athletic Association) student-athletes across the country, that would mean about 69,000 of those student-athletes are struggling with mental health problems. Even more alarming, we know that only about 8-9% of those 69,000 student-athletes with mental health concerns actually ever seek mental health services (Watson & Kissinger, 2007; NCAA, 2017).

Communication in Sports: Memorable Messages

Messages normed among athletes such as “No pain no gain” and “Never give up” could be classified as memorable messages. Memorable messages are defined as messages that recipients recall for a long period of time and that exert considerable influence on some aspect of their lives (Knapp et al., 1981; Stohl, 1986). Researchers have identified that athletes internalize these messages and adopt them as a standard for how to evaluate themselves and what behavior is deemed as acceptable (Brown et al., 2014; Hughes & Coakley, 1991). Further, if athletes choose not to abide by these norms, they run the risk of losing favor with teammates and having their status of being a *real* athlete threatened (Hughes & Coakley, 1991). Yet memorable messages that were communicated to athletes at different points in their life and shaped how they were socialized in sport have been examined by only a few researchers (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007).

Turman (2007) examined messages and roles parents would assume and/or communicate to their junior and high school athletes that influenced their sport participation. He found that parents’ involvement in their child’s sport and their messages influenced the level of pressure, enjoyment, and anxiety the young athletes experienced in sports (Turman, 2007). Similarly, Starcher (2015) examined memorable messages youth athletes received from their fathers growing up and found that the messages exerted significant influence on their attitudes, beliefs, and behaviors, as well as later into adulthood. For example, one of the memorable messages the children received was “Winning is everything. Second place is the first loser” (pg. 211), giving significant

emphasis that performance is valued over everything else. Cranmer and Myers (2017) studied what memorable messages Division I student-athletes received prior to entering collegiate sports and reported some similar findings as Starcher (2015), including a theme of “Emphasis on physical skills/performance” and messages such as “Winning is everything” (Cranmer & Myers, 2017). Across these studies, there was insight into the memorable messages athletes received in sports (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007); however, there is still limited understanding of which sources who communicate the messages have the greatest influence, and the significance and meaning athletes ascribe to memorable messages (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). This current study deepens our understanding of the role communication (memorable messages) plays in informing stigma student-athletes hold towards seeking mental health services that is perpetuated in the athletic community.

The Student-Athlete

As stated above, over 460,000 student-athletes participate in NCAA sports across the country. Student-athletes are comprised of people from many different cultures, races, ethnicities, and socioeconomic status, and are one of the most diverse populations on campuses (Brown et al., 2014; Etzel et al., 2006; Pinkerton et al., 1989). Although college athletes are uniform as a team on the field, it is vital to consider the various needs of this population given the heterogeneity that exists (Etzel et al., 2006; Pinkerton et al., 1989). The NCAA (National Collegiate Athletic Association) is the organization that oversees Division I, II, and III college sports in the US, with the intention to ensure the well-being and success of student-athletes (NCAA, 2017). Additionally, student-athletes

must abide by regulations that dictate their eligibility status (NCAA, 2017). The biggest distinction between Division I, II, and III sports is that Division I universities typically have larger student populations, more scholarships are available, and they are more competitive than Division II and III schools (NCAA, 2017). Additionally, due to the increased physical and mental demands and competition associated with Division I athletics, these athletes have been noted as experiencing more stress and anxiety than non-elite organizations (Fletcher et al., 2003; Fletcher et al., 2012). Although student-athletes are more susceptible to developing mental health concerns than their non-athlete peers, student-athletes at Division I universities have a higher graduation rate than non-athletes (NCAA, 2017). This evidence points to unique strengths student-athletes possess, including being self-motivated, hard-working, driven, able to manage time, goal oriented, leadership skills, resilience, adaptable, and team oriented, all of which are transferable and benefit them in other aspects of their lives on and off the field (Brown et al., 2014; Coakley, 1993; Parham, 1993; Valentine & Taub, 1999). Often, student-athletes are perceived by the public to be an extremely healthy group of people who have privilege and resources that would eliminate their need for help. Although student-athletes physical health is often maintained due to training demands, that is not the case for all, and certainly not always true about their mental health (Beauchemin, 2012; Etzel et al., 2006; Johnson & Ivarsson, 2011; Watson, 2006).

Student-athletes face a series of challenges as they transition into college based on their dual identity being a student and athlete. They dedicate approximately twenty hours a week towards practice, conditioning, weight training, and competition, in addition to

demands for maintaining academic eligibility as a student (Coakley, 2004; Cosh & Tulley, 2015; Fletcher et al., 2012; Parham, 1993). College students and student-athletes share some common developmental challenges including developing academic, social, and interpersonal competencies; experiencing identity formation; formulating career goals; and establishing values and guiding principles to live their life by (Brown et al., 2014; Brown et al., 2015; Cosh & Tulley, 2015; Parham, 1993; Valentine & Taub, 1999). In his student development model, Chickering (1993) identified developmental tasks that college students should achieve throughout their college years. Chickering indicated that the most important component for student-development was establishing identity (Chickering, 1993; Valentine & Taub, 1999). The seven vectors included in the model are developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity (Chickering, 1993; Valentine & Taub, 1999). Chickering indicated that when students are not intentionally growing in these different areas, it can lead to compromised development that negatively impacts a person's physical, mental, emotional, relational, and spiritual health (Chickering, 1993; Valentine & Taub, 1999). However, there are some additional unique challenges that impact student-athletes mental health, including balancing dual roles (athletics and academics), forming and developing interpersonal relationships outside of their team, developing career goals (due to time restraints and identity foreclosure), balancing and coping with athletic success and failure, facing injury- related concerns, coping with career termination and retirement, experiencing potential burnout, and maintaining peak

physical condition (Brown et al., 2014; Cosh & Tulley, 2015; Kaiseler et al., 2016; Parham, 1993; Pinkerton et al. 1989; Watson, 2006).

Statement of the Problem

Student-Athlete Mental Health Concerns

Student-athletes are at a greater risk than their non-athlete counterparts to experience mental health problems such as substance abuse (particularly alcohol) and social anxiety (Curry & Maniar, 2004). Given the intensive demands student-athletes experience, it is no surprise that researchers have found student-athletes are a vulnerable population who face a series of psychological concerns (Brown et al., 2014; Brown et al., 2015; Cosh & Tulley, 2015; Storch et al., 2005; Yang et al., 2007). Additionally, many college athletes have difficulty navigating the transition to college due to their dual roles, dividing their time and energy between developing both their student and athlete identity (Brown et al., 2014; Etzel, 2007; Fletcher et al., 2012).

Some common mental health problems that student-athletes face include depression/suicidality, anxiety, substance use, and eating disorders (Brown et al., 2014; Etzel, 2007; Fletcher et al., 2012). Student-athletes have a greater risk than their nonathlete peers for acquiring eating disorders (Goss et al., 2005; Hellmich, 2006; Petrie, 1993). Athletes experience common sociocultural pressures regarding body image, but also there is also additional pressure from the sport world (Thompson & Sherman, 1993), which inherently fosters a preoccupation to lose, maintain, or even gain weight (Goss et al., 2005). In particular, those athletes participating in sports that are judged and have an emphasis on aesthetics and leanness (e.g., gymnastics, swimming, diving, cross country)

or sports in which weight restrictions determine which group a student athlete will compete in (e.g., wrestling, crew) may be increasingly at-risk (Swoap & Murphy, 1995). Additionally, substance use has also been a rising concern among student-athletes (Williams, 2006). A NCAA report (NCAA, 2006) that revealed the number of college athletes engaging in binge drinking has increased dramatically over the past five years. Moreover, studies show athletes misuse alcohol more and experience higher rates of alcohol-related consequences compared to non-athletes (Brown et al., 2014; Ferrante et al., 1996; Leichliter, Meilman, Presley, & Cashin, 1998).

In addition, about 10-20% of student-athletes suffer from depression, and researchers have found that suicide is the third-leading cause of death of student-athletes after accidents and heart problems (Born, 2017; Coakley, 1993). Although previous researchers suggested non-athletes experienced higher rates of depression than athletes (Armstrong & Oomen-Early, 2009), more current researchers found that student-athletes experience depressive symptoms and disorders at similar or even higher rates than nonathletes (Maniar et al., 2001; Wolanin et al., 2016). Student-athletes also have been found to experience high levels of anxiety due to the intensive physical and emotional demands associated with being an athlete, such as fear of failure, injuries, and letting the coach and/or team down (Brown et al., 2014; Ferrante et al., 1996; Yang et al., 2007). Some of the risk factors that increase the likelihood of student-athletes developing mental health problems include coping with athletic success and failure, balancing dual roles (athletics and academics), identity confusion, feelings of isolation, injury related concerns, coping with career termination and retirement, potential burnout, and pressure

to maintain in peak physical condition (Brown et al., 2014; Parham, 1993; Pinkerton et al. 1989; Rice et al., 2016; Storch et al., 2005; Watson, 2005; Weigand et al., 2013).

Student-Athlete Help-Seeking Behavior

Stigma

Becoming an elite athlete is no easy feat, and athletes in today's day and age arguably face even more stressors, pressures, and demands than ever before (Bauman, 2016). There is an increase in mental health and psychological concerns among athletes that could be partly attributed to earlier entry into competitive sports, specializing in one sport at younger ages, and having fewer coping resources due to rigorous training demands and lack of mental health resources (Bauman, 2016). While these alarming mental health trends warrant increased utilization of athletes receiving mental health services, arguably one of the most significant barriers is rooted in the longstanding stigma of mental health in sports (Bauman, 2016). The foundation of stigma that exists in sport culture is rooted in social history, sport organizations desire to be profitable, individual and family expectations, norms, pressures to be successful, financial gain or loss, and the mass media praising "winners" and condemning "losers" (Bauman, 2016). "Mental toughness" is ingrained in the DNA of what it means to be an athlete, leaving little room to address or advocate for mental health issues. Consequences of seeking help could include an athlete potentially losing playing time, their starting position, or even eligibility to compete (Bauman, 2016).

Given the severity of athletes' stigma towards mental health, it is no surprise that Watson (2005) found that student-athletes have more negative attitudes towards seeking

help than their non-athlete peers and are less likely to seek help from a mental health professional. Some other significant barriers that have been found to interfere with student-athletes seeking help besides stigma include athlete identity, sport socialization, time, low mental health literacy, and fear of services not being helpful (Brown et al., 2014; Gulliver et al., 2012; Hinkle 1994; Maniar et al., 2001; Watson, 2005; Horton & Mack, 2000; Brewer, Van Raalte, & Linder, 1993). Nevertheless, stigma has been noted as being a leading predictor of whether student-athletes seek help or not (Bauman et al., 2016; Lopez & Levy, 2010). More specifically, perceived stigma that includes both self-stigma and public stigma play a role in reinforcing negative attitudes, beliefs, and behaviors towards mental health. Self-stigma is a negative attitude a person holds towards mental health concerns and seeking help based on their own beliefs, experiences, or values (Vogel et al., 2007). Public stigma refers to society's negative beliefs, attitudes, and behavioral consequences held about mental disorders, all of which lead to stereotyping, prejudice, and discrimination against people with mental health disorders (Vogel et al., 2007).

Athlete identity has been found to inform stigma that student-athletes hold towards seeking help. Brewer, Van Raalte, and Linder (1993) defined athlete identity as “the degree to which an athlete identifies with the athlete role” (p. 144). Researchers have noted that when athletes over-identify with their athlete role it can lead to identity foreclosure, which in turn impedes development of new skills, ability to cope, and maintain a belief in one's personal competence (Bauman, 2016; Beamon, 2012; Parham, 1993). Steinfeldt et al. (2009) studied NCAA student-athletes and found that the closer

athletes subscribe to their athlete identity, the more stigmatized their perception of seeking help was, and the less likely they were to get mental health services. Further, other researchers have found that other variables, such as gender, race, and culture, influence people's perceptions of seeking help (Cheng et al., 2018; Steinfeldt et al., 2009; Topkaya, 2014; Wenjing et al., 2014). For example, researchers have found men generally have more stigma towards mental health than women, and African Americans and Asian Americans typically have more stigma than Caucasians (Cheng et al., 2018; Steinfeldt et al., 2009; Topkaya, 2014; Wenjing et al., 2014). It is important to consider how these intersecting identities student-athletes hold, such as gender, race, religion, and culture, further impacts their perceptions of mental health and seeking help.

Although developing one's athlete identity fosters positive characteristics, values, and behaviors, it is critical to consider potential harmful implications of an athlete being socialized in sport over time. Sport socialization refers to athletes' journey and process from their entry to retirement of the sport (Sage & Eitzen, 2013). Sport socialization can be understood as the process by which individuals learn their sporting roles (attitudes, norms, and rules) and how they become involved in sport throughout their career (Coakley, 1993). Sport culture can perpetuate messages, ideologies, and norms that are unfavorable regarding seeking help and deter athletes from violating those "rules" (Bauman, 2016; Brown et al., 2014; Coakley, 1993). Researchers have found that a range of factors influence how athletes are socialized in their sport, including families, coaches, peers, teammates, educational institutions, and media (Cranmer & Myers, 2016; Starcher, 2015; Turman, 2007). These influencers play a significant role in informing athletes

beliefs, values, and expectations surrounding their athlete identity (Cranmer & Myers, 2016; Starcher, 2015). Further, researchers have found that athletes tend to overconform to social and sport norms to maintain status and loyalty to the team, which can lead to harmful behaviors that have included binge drinking, suppressing mental health concerns, and hazing (Brown et al., 2014; Hughes & Coakley, 1991; Kaiseler et al., 2017; Williams et al., 2006).

Mental health literacy has also been found to be a barrier that can perpetuate denial, lack of awareness, and stigma of help-seeking behavior (Gulliver et al., 2012). Mental health literacy is defined as “knowledge and beliefs about mental disorders” (Jorm et al., 1997, p. 182). Lack of adequate knowledge plays a significant role in the limited understanding athletes have regarding their mental health state by impeding their awareness of problematic symptoms, signs, and indicators they need help from a mental health professional (Brown et al., 2014; Gulliver et al., 2012). For example, the NCAA (2006) reported that approximately 60% of student-athletes believed their alcohol use had no impact on their health (physical and emotional) or sport performance. Another variable that acts as a barrier for student-athletes to seek help is not perceiving mental health professionals as being competent to help them and experiencing limited benefits from acquiring the service. Researchers have concluded that student-athletes have limited confidence in mental health professionals’ ability to provide help that will address and understand athlete concerns, and so question the overall utility of counseling (Brown et al., 2014; Gulliver et al., 2012; Hinkle 1994; Maniar et al., 2001). Finally, prior help-seeking experiences (both positive and negative) have been found to influence both

college students' and college athletes' current beliefs about seeking mental health services (Aisla et al., 2004; Bohon et al., 2016; Vogel et al. 2007).

In lieu of student-athletes seeking help from mental health providers, they typically opt to seek help from those embedded in their athletic system, including: coaches, athletic trainers, and teammates (Brown et al., 2014; Watson, 2006). Also, researchers have found athletes' preferences for seeking help include sport consultants and sports psychologists over mental health professionals, due to the fact the former are perceived as having more insight into the student-athlete experience and appear to be less stigmatized in general (Brown et al., 2014; Etzel & Watson, 2007; Flowers, 2007; Maniar et al., 2001). Many of the barriers to seeking help are rooted in a foundation of longstanding stigma held in athletics towards mental health problems; therefore, it is essential to consider ways to empirically study messages that influence help-seeking behavior (Bauman, 2016; Coakley, 1993; Parham, 1993).

Deconstructing the deep-rooted stigma held in the athletic community towards seeking help is arguably one of the most valuable ways to address the underutilization of mental health services among student-athletes (Bauman, 2016; Lopez & Levy, 2010; Watson, 2005). As previously stated, stigma is one of the leading barriers for student-athletes not seeking mental health services (Lopez & Levy, 2010; Watson, 2005). Given this empirical finding, exploring how memorable messages athletes receive inform their help seeking stigma could inform researchers and practitioners of ways to re-shape norms, attitudes, ideologies, and beliefs, and assist in educating athletes and athletic personnel alike on the value of mental health. In this study, the researcher will be

utilizing the theory of planned behavior model as the framework to conceptualize how messages received from significant sources about getting help informs student-athletes beliefs that ultimately predict intentions of seeking mental health services.

Theory of Planned Behavior

The theory of planned behavior will provide a lens to understand the varying levels of stigma that exist among student-athletes, and help provide insight into examining solutions around how to alter negative perceptions of mental health and ideally increase athletes' willingness to seek mental health services. The theory of planned behavior is a social cognitive theory that examines behavior through a belief-attitude approach (Biddle et al., 2007). This theory was created with the goal of gaining more understanding of what factors influence a person's attitudes, beliefs, and norms that ultimately determine one's intentions and behaviors (Ajzen, 1991). Within the theory, Ajzen's (1991) main tenet was that a person's intention (informed by beliefs) toward a behavior is the greatest predictor of whether one will engage in a social behavior (Ajzen, 1991). The three *direct* determinants in this model that shape one's intentions towards a behavior are *attitudes, subjective norms, and perceived behavioral control* (Ajzen, 1991; Biddle et al., 2007). The beliefs (indirect determinants) that inform attitudes, subjective norms, and perceived behavioral control are *behavioral beliefs, normative beliefs, and control beliefs*. The theory of planned behavior has been a prominent framework utilized in health-related literature, and the model has proven to be effective in explaining and predicting intentions to engage in behaviors across disciplines (Biddle et al., 2007; Bohon et al., 2016; Mak & Davis, 2014; Mo & Mak, 2009).

Theory of planned behavior has been utilized and validated across studies that have examined student achievement, physical activity, condom use, healthy eating, and help-seeking behavior (Alas et al., 2016; Albarracin et al. 2001; Biddle et al., 2007 Karpinski et al., 2016; Mo & Mak, 2009). Mo and Mak (2009) utilized the theory of planned behavior model to gain clarity around which determinants had the most predictive power towards Chinese seeking mental health services. Results indicated that attitudes had the most predictive power towards seeking help ($r = .69$), followed by subjective norms ($r = .58$) and perceived behavioral control ($r = .31$) (Mo & Mak, 2009). Mak and Davis (2014) also used the theory of planned behavior model to explore the determinants that impact Chinese's intention to seek mental health services. Researchers found that the model accounted for 58% of variance in accounting for Chinese intentions for seeking help. The theory of planned behavior has also been used as a framework to empirically explore how these determinants (attitudes, subjective norms, and perceived behavioral control) influence college students' intentions to seek mental health services for depression (Bohon et al., 2016); however, this model has not specifically been applied to help-seeking behavior among college student-athletes.

The attitudes determinant denotes whether a person has a favorable or unfavorable affect towards a specific behavior. Ajzen (1991) explained that attitudes are preceded by the behavioral beliefs that inform one's attitudes regarding a behavior. Behavioral beliefs are formed based on evaluating the likely consequences of a behavior, filtered through one's personal values, past experiences, and schema. The behavioral beliefs then inform a person's attitude about a specific behavior. Behavioral beliefs that

could be guiding student-athletes' negative evaluation of outcomes for seeking mental health services could be not feeling better (feeling worse than before), financial loss, decrease in self-efficacy or shame due to inability to cope by himself/herself, and increased risk of experiencing discrimination (Mak & Davis, 2014; Watson, 2005).

The second direct determinant of intention is subjective norms, which include the social pressures felt to conform or not perform the behavior (Ajzen, 1991). Ajzen (1991) explained that subjective norms are preceded by the normative beliefs that inform one's subjective norms regarding a behavior. Normative beliefs include a person's perceptions of others' evaluations and expectations about a behavior that influence the development of their subjective norms (Ajzen, 1991). Normative beliefs include two types: injunctive normative beliefs and descriptive normative beliefs. Injunctive normative beliefs are people's evaluation about the degree to which their peers would approve or disapprove of their behavior. For example, student-athletes might defer to their teammates' opinions to determine whether seeking help is acceptable. Descriptive normative beliefs are a person's perceptions about whether they believe their peers would also perform the behavior if they were in a similar situation (Ajzen 1991; Biddle et al., 2007; Fishbein & Ajzen, 1975). For example, an athlete on a football team might consider whether their captain would seek counseling if he had a mental health problem. Student-athletes' normative beliefs towards seeking help could be fear of loss of status, athlete identity, and potentially social network if they got mental health services. These normative beliefs are perpetuated by public stigma that exists in sport culture and other significant relationships in their lives (Mak & Davis, 2014). Therefore, these normative beliefs could

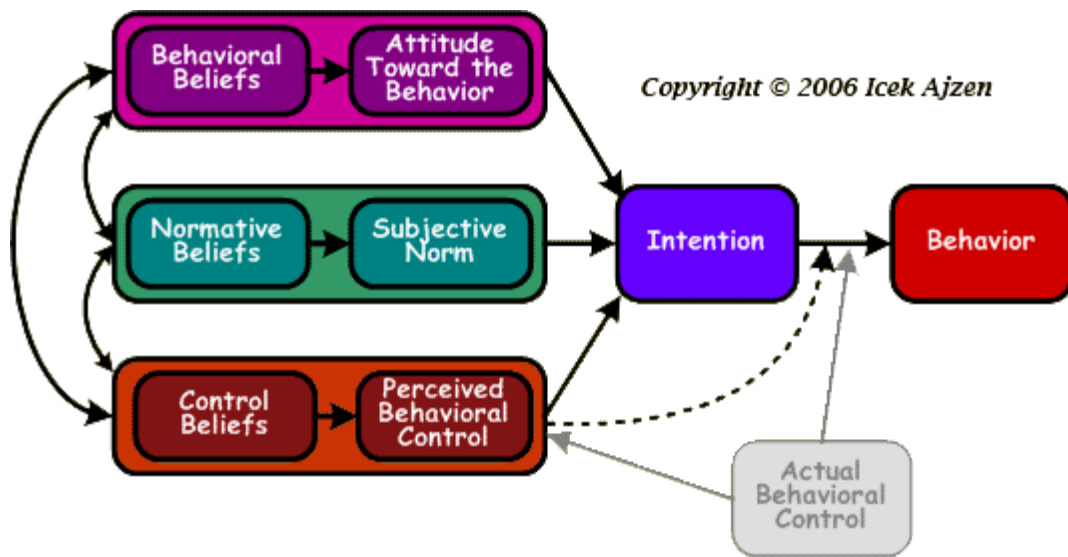
decrease student-athletes' willingness to explore support options and resources and increase their knowledge about mental health to avoid negative evaluations of others, and maintain their ability to relate with others in their athletic and social network (Mak & Davis, 2014).

The last determinant of intention towards engaging in a behavior is perceived behavioral control, which is described as the perceived ease with which a person believes he/she can execute the behavior (Ajzen 1991; Biddle et al., 2007; Fishbein & Ajzen, 1975). Perceived behavioral control is informed by control beliefs that a person has regarding the behavior. Control beliefs are formed by a person's evaluation of whether they have the appropriate resources and opportunities to engage in the behavior, and perceived (internal or external) barriers that could interfere. Control beliefs have been thought to be informed by past experiences, second-hand information, and additional factors that increase or decrease the accessibility of engaging in the behavior (Ajzen, 1991). Mak and Davis (2014) found control beliefs to be social, societal, and personal because of both the external and internal variables that influence a person's ability to seek mental health services. Specifically, for student-athletes, internal control beliefs about seeking help could be fear of breach of confidentiality and lack of support from teammates/coaches and other significant relationships, while external control beliefs could be revolving around access, knowledge, finances, and time related concerns. The theory of planned behavior model will help conceptualize how messages student-athletes receive from significant sources inform their behavioral (attitudes), normative (subjective

norms), and control (perceived behavioral control) beliefs that predict intentions of seeking mental health services.

Figure 1

Theory of Planned Behavior Model



Gap

Researchers have identified that stigma is one of the leading barriers that interferes with student-athletes' attitudes and perceptions of seeking mental health services (Lopez & Levy, 2010; Watson, 2006); however, there is a paucity of research that has identified what and how memorable messages influence the norms, attitudes, and behaviors associated with their athlete identity. Previous researchers have identified memorable messages athletes receive, but not explored how athletes socially construct and make meaning from the messages that inform their attitudes and behaviors toward seeking mental health services (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007).

Further, although researchers have identified significant sources that send memorable messages (e.g., family, coaches, friend, media), no studies to date have explored which sources have the greatest impact on student athletes' perceptions of seeking mental health services.

Purpose

The purpose of this study was to gain an understanding of the messages student-athletes receive from varying sources including coaches, teammates, parents, institutions/organizations, peers, and the media about what it means to be an athlete and that then influence how they are socialized in sports. More specifically, this study examined the impact these memorable messages had on stigma surrounding student-athletes' perceptions of seeking mental health services. This study addressed the gaps previously mentioned by identifying the memorable messages student-athletes received about their athlete identity, and explored how they informed their perceptions of seeking mental health services. Additionally, this study identified which source(s) have the greatest impact on student-athletes' negative schemas about perceptions of seeking mental health services.

Significance/Need for Study

Only three studies were located that examined how communication plays a significant role in how athletes are socialized to think, behave, and act in sport culture (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). Given the lack of research and with the knowledge that memorable messages influence how athletes experience and perceive their athlete identity (Cranmer & Myers, 2017), this study helped better

understand how these memorable messages influence their help-seeking behavior. This study dove deeper into what has informed the stigma developed by student-athletes about seeking help. Further, this study provided a more in-depth understanding of the memorable messages and the most significant sources that influence student-athletes seeking help, that provides insight to counseling professionals about how to destigmatize mental health services, develop effective outreach programs, and make structural modifications within universities that make getting help more accessible to student-athletes. Results of this study helps inform how counseling professionals can educate the significant sources (i.e., families, coaches, peers, media) about how to appropriately support and communicate with athletes in ways that could help improve wellness among athletes and foster a culture of care. On a systemic level, this study begins to explore how to enhance what it means to be an athlete and re-define norms that can cause physical and emotional harm for this population.

Research Questions

- 1.) What are the memorable messages student-athletes receive that inform their perceptions of seeking mental health services?
- 2.) Which sources who deliver the memorable messages have the greatest impact on student-athletes' attitudes and perceptions of seeking mental health services?

Operational Definitions

Memorable messages: Memorable messages are defined as messages that recipients recall for a long period of time and that exert considerable influence on some aspect of their lives (Knapp et al., 1981; Stohl, 1986).

Athlete identity: Athlete identity is defined as “the degree to which an athlete identifies with the athletic role” (Brewer, Van Raalte, & Linder, 1993, p. 144). Athlete identity can be conceptualized as both a cognitive structure (eg. schema) and a social role (Horton & Mack, 2000).

Sport socialization: Sport socialization refers to an athlete’s journey and process from their entry into retirement from the sport (Sage & Eitzen, 2013).

Mental health literacy: Mental health literacy is defined as “knowledge and beliefs about mental disorders” (Jorm et al., 1997, p. 182).

Mental health services: Mental health services is “defined in terms of direct and indirect care to patients with mental disorders in ambulatory settings. Direct services consists of diagnostic and problem evaluation, crisis intervention, individual, group and family psychotherapies, supportive counseling, and prescription of psychoactive medication. Indirect and preventive services are provided through consultative and collaborative arrangements with schools, welfare agencies, police, and a wide range of other community organizations (US Institute of Medicine Division of Mental Health and Behavioral Medicine, 1979).”

Self-stigma: Self-stigma is defined as a negative attitude a person holds towards mental health concerns and seeking help based on their own beliefs, experiences, or values (Vogel et al., 2007).

Public stigma: Public stigma refers to society's negative beliefs, attitudes, and behavioral consequences about mental disorders, all of which lead to stereotyping, prejudice, and discrimination against people with mental health disorders (Vogel et al., 2007).

Overview of Study

This study, focused on the influence that memorable messages have on student-athletes' help-seeking behaviors, will be discussed and examined across five chapters. Chapter 1 has provided the introduction of the topic, statement of the problem, significance and need for the study, introduction to the theoretical framework, research questions, and definition of terms. Chapter 2 provides a comprehensive literature review on the research topic. Chapter 3 covers the methodology of this study, including research questions and descriptions of participants, instruments/variables, procedures, data analyses, and limitations. Chapter 4 will include the results of the research study, and Chapter 5 will include the discussion, conclusions, and implications for future research and practice.

CHAPTER II

LITERATURE REVIEW

Student-Athlete Mental Health Concerns

College Students

College can be a challenging four year experience for young adults, as it encompasses a series of academic, social, career, and personal stressors (Brown, et al., 2014; Valentine & Taub, 1999). Although these stressors are often developmentally appropriate, they do seem to be increasing, as researchers recently found first-year college students have reported the highest levels of mental health problems in over three decades (Eagan et al., 2016). Some factors that contribute to these high rates of mental health concerns include the following: inability to cope due to lack of coping strategies, increased family and parental conflict, increased experimentation and alcohol use, and social media (increasing insecurity due to constant comparison) (Ryan, Gayles, and, Bell, 2018). Approximately 33% of undergraduates have reported struggling with anxiety and depression (Eisenberg, Hunt, & Speer, 2013). Given student-athletes' dual identity, it is important to acknowledge the intersection of mental health problems that exist among college students in general and college athletes specifically (Ryan, Gayles, and Bell, 2018).

Student-Athletes

Again, about 10-15% of student-athletes have reported struggling with a mental health problem (Watson, 2006). Researchers have found that student-athletes are more susceptible to certain mental health concerns than their nonathlete peers, due to intensive demands associated with being a collegiate athlete (Brown, 2014; Sundgot-Borgen & Torstveit, 2004). Unique stressors student-athletes' experience include increased academic pressures (to maintain eligibility), intense physical training and conditioning, injuries, burnout, pressure and expectations from coaches to win, pressure to maintain peak physical condition, facing frequent critical evaluation about performance, and the commercialization of college athletics (Brown et al., 2014). The four most common mental health problems student-athletes' experience include *anxiety*, *depression*, *eating disorders*, and *substance use* (Ryan, Gayles, and Bell, 2018). It is vital to explore these prevalent mental health concerns student-athletes' face to gain insight into the depth and scope and of the problems. Further, reviewing student-athletes' common mental health concerns points to the significant need that exists among this population for mental health services support.

Prevalent Mental Health Concerns Among Student-Athletes

Anxiety

Anxiety is one of the most prevalent mental health concerns student-athletes experience. One NCAA study found that over 85% of athletic trainers felt that anxiety was an issue among student-athletes on their campuses (Brown et al., 2014). Anxiety can be defined as incessant worry and/or fear that becomes so intense it affects a person's

ability to function (Stock & Levine, 2016). There are three types of anxiety: generalized, social, and competitive. Generalized anxiety is a general fear or worry of the future, social anxiety is anxiety that exists before or during social encounters, and competitive anxiety exists when one is performing or competing (Brown et al., 2014). Anxiety can manifest in different forms such as phobias, panic attacks, obsessive compulsive disorder, and post-traumatic stress disorder, all of which can interfere with athletes' ability to function at their highest levels (Brown et al., 2014). Student-athletes who suffer from anxiety often experience increased levels of stress and anxiety, particularly when they are competing (Thompson & Sherman, 2007).

Elite athletes frequently experience competitive anxiety as they are regularly participating in games, events, and competition in season (Stoeber et al., 2007). For athletes, sports is more than just a game. Student-athletes are constantly expected to have successful performances, and are always being evaluated and provided critical feedback by coaches, opponents, teammates, and spectators, all of which increases performance anxiety (Stoeber et al., 2007). Given this intense pressure, it is no surprise that student-athletes can often develop 'perfectionistic tendencies.' *Perfectionism* has both positive and negative dimensions. Positive dimensions can encourage athletes to create high standards for themselves, and incessantly strive for success. Negative dimensions include concern over mistakes, doubt about action, frustration between discrepancy in expected versus actual results, and negative reaction to mistakes (Stoeber et al., 2007). Negative dimensions of perfectionism often leads to debilitating anxiety. Researchers have identified that overall perfectionism among student-athletes leads to higher rates of

cognitive and performance anxiety (Stoeber et al., 2007). Koivula et al. (2001) also examined the effect 'perfectionism' had on elite athletes' anxiety, specifically examining self-esteem's impact on competitive anxiety and self-confidence. Similar to Stoeber et al. (2007) findings, Koivula et al. (2001) suggested that anxiety levels depend on the dimension of perfectionism an athlete adopts (positive or negative). More specifically, athletes who had high self-esteem rooted in self-love and self-respect experienced a more *positive* perfectionism dimension, whereas athletes who had high self-esteem based in competence and strong performances had more *negative* perfectionism.

Storch et al. (2005) compared anxiety, depression, and support between student-athletes and nonathletes. The sample included 398 participants, 105 were student-athletes (Division I). Participants were asked to complete a Social Anxiety Scale, Depression subscale of PAI, and a survey on perceived social support. Results indicated that female athletes' experienced higher levels of anxiety than male athletes and nonathletes, and reported lower perceived support than their nonathlete peers. Abrahamsen et al. (2008) examined the effect achievement (performance) orientation, motivational climate, and gender impacted elite athletes' anxiety. Performance climate significantly predicted both male and female performance anxiety, and concentration disruption during competition for females. Female athletes in general reported higher levels of performance anxiety, concentration disruption, and somatic anxiety than did male athletes. Other researchers examined the anxiety present before an elite athletes' competition and their coping ability (Hatzigeorgiadis & Chroni, 2007). The sample included 39 male swimmers who completed a measure of anxiety intensity before the start of their event, and a coping

questionnaire after the completion of their event. Findings indicated the swimmers experienced a significant amount of anxiety before their event. Further, the higher the athletes' cognitive anxiety, the lower their ability to cope. Further, athletes who perceived their anxiety to help their performance were found to have a greater ability to cope, and they had more positive coping strategies versus those who saw their anxiety as a barrier. Most of the research that exists on student-athletes' anxiety has been focused primarily on performance anxiety, so that there continues to be a paucity of research on athletes' cognitive and generalized anxiety. However, it is clear that anxiety has negative effects on athletes' mental health and their ability to be successful when competing.

Depression

Depression is another common mental health concern among student-athletes (Ryan, Gayles, & Bell, 2018). According to the American Psychological Association (2018), depression is a common and serious medical illness that negatively affects how one feels, thinks, and acts. Depression symptoms can include weight fluctuation, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt, and recurrent thought of death or suicide. The American College Health Association (2017) found about 40% of college students reported experiencing 'depressive symptoms' to the degree that it impacted their ability to function. More specifically, researchers have discovered approximately 10-20% of student-athletes suffer from depression (Gill, 2008; Wahto et al., 2016). Another study revealed about 31% of male and 48% of female NCAA student-athletes reported either depression or anxiety symptoms between 2008-2012 (Brown et al., 2014).

For student-athletes, nearly a quarter (even higher in Division I and among football student-athletes in all three divisions) reported being exhausted from the mental demands of their sport (NCAA, 2016). Risk factors that increase student-athletes' susceptibility to depression include: overtraining, injury, exceeding stress, and failure in competition (Nixdorf, Frank, & Beckmann, 2016). Depressed athletes and those under 'stress' are at an increased risk for injury, and athletic performance is often impacted by emotional or mental health factors.

Yang et al. (2007) researched the prevalence and risk factors of 257 student-athletes (167 male and 90 female) Division I student-athletes' experiencing depression. The Center for Epidemiological Studies Depression Scale (CESD) was used to measure student-athletes' depressive symptoms, and the Generalized Estimating Equations (GEE) was used to assess the factors associated with symptoms of depression.

Approximately 21% of participants reported suffering from depressive symptoms. Risk factors that increased the athletes' chances and severity of depression included being a female athlete, freshman, and those who self-reported pain and/or injuries. Other researchers (Chen et al., 2008; Guskiewicz et al., 2007; Jorge et al., 2004) have reinforced the finding that elite athletes who get injured (specifically those who experience a traumatic head injury) are more likely to experience depression and suffer from suicidal ideation

More recently, researchers also have examined how pervasive depression was among Division I student-athletes (Wolanin et al., 2016). The researchers sample included 465 student-athletes, with the goal of identifying and differentiating depression

rates between male and females and also across varying sports (baseball/softball, basketball, cheerleading, crew, field hockey, lacrosse, track and field, soccer, and tennis). Student-athletes completed anonymous surveys during annual sport medicine physicals that inquired about their mood, appetite, attention, relationships, and sleep habits. The measure that was utilized to assess for depression among the athletes was the Center for Epidemiological Studies Depression Scale (CESD). Results from the depression assessment indicated that about 24% of the 465 athletes reported a “clinically relevant” level of depressive symptoms, and 6% reported moderate to severe symptoms. Across the varying sports, female athletes had a significantly higher prevalence rate for depressive symptoms than men, 28% compared to 18%. Although depression rates across certain sports teams were comparable, track and field appeared to have significantly higher rates of depression, with 38% indicating they struggled with depression. Lacrosse players appeared to be the sports team that reported the lowest rates of depression (12%).

Other recent studies continue to support the difference in depression rates depending on the type of sport (Schaal et al., 2011; Nixdorf et al., 2016). Researchers continue to find that athletes who participate in individual sports are more susceptible to depressive symptoms than athletes in team sports. Although Wolanin et al. did not specifically explore the differentiation between individual and team sports, he believed the higher rates of depression were due to the increased stress associated with an athlete individually competing (instead of on a team). This appears to make sense given the increased pressure athletes’ experience when competing by themselves, versus team sports where the pressure to win or be successful is often shared. Researchers have found

that there is a greater *attribution of failure* when athletes in individual sports lose or underperform, which increases their likelihood of developing depression (Nixdorf et al., 2016). Nixdorf et al. also found that athletes that suffered from depression correlated with high levels of chronic stress, negative coping strategies, and negative stress-recovery states.

Hammond et al. (2013) examined the prevalence of failure-based depression among elite swimmers competing for a spot on the Canadian Olympic and World Championship team. The sample included 50 athletes (28 men and 22 women) from two Canadian universities. Before the athletes competed, the researchers assessed for current levels of depression, and found that 68% of athletes reported struggling with depression (more females than males). Then they used a semi-structured interview and the Beck Depression Inventory to assess for depression after the athletes' qualifying performance. The rates of depression after the athletes' qualifying performance were 34% meeting the diagnostic criteria and 26% suffering from mild to moderate depressive symptoms. Results indicated that the prevalence of depression doubled (after athletes qualifying performances) the top ranked athletes in the sample, and *performance failure* was significantly correlated to *higher rates of depression*. These findings further reinforce the increased risk of athletes for experiencing anxiety and depression due to pressure to perform, win, and excel when competing. While most researchers have found female athletes tend to experience more depression and anxiety than males, male athletes might be underreporting their symptoms due to the pervasive stigma that exists in sport culture of having a mental health problem (Steinfeldt et al., 2009).

Doherty et al. (2016) also explored depression among elite male current and former athletes. The researchers conducted semi-structured interviews to first understand how the athletes understood the initial development and experience of depression, and secondly examined how they expressed their depression. Some of the major themes that emerged for the athletes that led to initial development/experience of depression included *athlete identity, conformity to masculine norms in elite sport, obsessive drive to win and succeed, and failure/loss in performance*. These findings build off of other studies previously discussed that describe how subscribing to athlete and masculine norms in sport culture means winning at all costs, pushing through pain, and being mentally tough no matter the cost (Cranmer & Myers, 2017; Steinfeldt et al., 2009; Steinfeldt et al., 2011). Further, these findings reinforce how performance induced depression is prevalent among athletes. Some significant themes that arose surrounding how athletes expressed their depression included *continue competing at the elite level; shame and hiding depression vulnerabilities from coaches, opponents, and teammates; low mental health literacy and insight about depression, and negative self-evaluation*. These findings also show how athletes subscribe to ‘athletic norms’ when choosing how to express and feel about their depression, such as pushing through it, feeling weak, and being embarrassed to disclose their mental health concerns to others.

Eating Disorders

Eating disorders are another common mental health problem student-athletes experience in college. Seventy percent of female student-athletes’ have struggled with eating behavior patterns (Brown et al., 2014). Disordered eating and eating disorders can

include anorexia nervosa, bulimia, and binge eating (Brown et al., 2014; Stock & Levine, 2016). Anorexia is when there is a lack of caloric intake, bulimia is when one overeats and then vomits or excessively exercises, and binge eating involves excessive eating. Although eating disorders are prevalent among the general college population, student-athletes are more susceptible due to the increased focus on body (Chatterton & Petrie, 2013; Greenleaf et al., 2009; Thompson & Sherman, 2007). Certain sports that overemphasize physique and have revealing uniforms, such as swimming, wrestling, track, and cross country, show a higher prevalence of student-athletes with eating disorders and/or disordered eating (Brown et al., 2014). Researchers have found that female athletes in particular are heavily influenced by the media, parents, coaches, and teammates' perceptions of what an 'ideal body image' looks like. Additionally, researchers have found that for female athletes both societal pressures to be thin and pressure to excel in their sport impact their food intake and behaviors (Wells, Chin, Tacke, & Bunn, 2015). Between the internal and external pressure student-athletes face regarding their body image, it is no surprise that athletes experience higher rates of eating disorders than do non-athletes (Byrne & McLean, 2002; Hausenblas & Downs, 2001).

Greenleaf et al. (2009) investigated the prevalence of eating disorders and weight control behaviors among female student-athletes. The sample consisted of 204 student-athletes across 17 sports and 3 universities. The athletes completed a demographic and weight background questionnaire, and the Questionnaire for Eating Disorder Diagnoses, and the Bulimia Test-Revised. The results revealed that approximately 25% of female student-athletes' suffered from disordered eating, and 2% had an eating disorder.

The athletes' most commonly utilized excessive exercising versus vomiting, laxatives, dieting, and diuretics to manage their weight.

Byrne and McLean (2002) also examined rates of eating disorders in a sample of 263 elite Australian athletes that consisted of both male and female athletes (who played a variety of sports), and included nonathletes as a comparison group. Athletes' completed the Composite International Diagnostic Interview and self-report questionnaires about their eating behaviors. Results indicated that athletes who competed in a sport that emphasized a lean body shape reported a higher prevalence of eating disorders and disordered eating than other athletes and nonathletes.

Engel et al. (2003) examined risk factors that increased the likelihood of student-athletes having an eating disorder. They surveyed 1445 Division I athletes at 11 universities across 11 different sport teams. Their measures included a series of different surveys, including Eating Disorder Inventory-2 (EDI-2), Rosenberg Self-esteem Scale, Purge Index, and Restriction Index. The researchers utilized a hierarchical regression to identify the most significant risk factors for explaining eating disorders and disordered eating. Results indicated that elite athletes, gender (female athletes), ethnicity (white female athletes), sport type (those that emphasize physique), and self-esteem were indicative of and more susceptible to disordered eating. Athletes who participated in wrestling and gymnastics reported higher rates of obsession with thinness, food restriction, and purging behavior compared to those in other sports. Johnson et al (2004) also conducted a study on relevant factors that increased the prevalence of eating disorders among student-athletes. Similar to Engel et al. (2003), they found that gender,

ethnicity, and self-esteem all were significant factors in predicting eating disorders.

White female student-athletes experienced higher rates of eating disorders compared to African American student-athletes. Further, White female athletes had lower self-esteem than African American athletes, which likely contributed to disordered eating patterns.

McLester, Hardin, and Hoppe (2014) also studied the prevalence of eating disorders among female student-athletes, but specifically examining if self-concept, self-esteem, and body image increased susceptibility to developing an eating disorder. The sample included 439 female student-athletes at Division I, II, and III universities. The questionnaire consisted of 4 parts: 3 subscales of the Eating Disorder Inventory-2, the Rosenberg Self-Esteem Scale, the Body Cathexis Scale, and demographic items. Results show approximately 10% of the sample struggled with anorexia and bulimia. Athletes that had a higher self-concept were less likely to have an eating disorder.

Across studies, it is evident that eating disorders are prevalent among student-athletes, particularly females, white women, athletes with low self-esteem, and athletes who participate in sports that emphasize leanness (Byrne & McLean, 2002; Engel et al., 2003; Hausenblas & Downs, 2001; Johnson et al., 2004; McLester, Hardin, and Hoppe, 2014).

Substance Use

Substance use is the last most prevalent mental health concern that affects student-athletes. Although substance use, particularly binge drinking, has been noted as a problem among college students in general (Hingson, Zha, & Weizman, 2009; National Institute of Alcohol Abuse and Alcoholism, 2017), researchers have shown that

student-athletes tend to engage in more binge drinking than their nonathlete peers (Brenner & Swanik, 2007; Etzel et al., 2006). A 2013 NCAA survey from 2013 reported that 80% of student-athletes reported drinking in the last year, and 44% of male student-athletes engaged in binge drinking (Burnsed, 2014). Researchers have found that substance use and mental health problems are often comorbid (Brown et al., 2014). Some common substance use problems within the student-athlete population include binge drinking, ephedrine, marijuana, steroids, and medication to treat ADHD (Thompson & Sherman, 2007). An NCAA survey of 21,000 student-athletes found that, of the 16% who took ADHD medication, only half of them had a prescription (Burnsed, 2014). Given student-athletes' increased risk of getting injured due to their sport, they are more likely to get prescribed opioid medications than nonathletes. About 25% of student-athletes took medication for pain management, and about 6% did not have a prescription.

Brenner and Swanwik (2007) found that 75% of college athletes reported binge drinking in the last two weeks, compared with estimates ranging from 36% to 44% of non-athletes. Due to the controversial nature of the topic and clear consequences that are implemented by the NCAA if alcohol and drug policies are violated, there is limited research on student-athletes' substance use behaviors (Druckman et al., 2015). The NCAA bans athletes partaking in a range of drugs, including anabolic agents, stimulants, street drugs, and high volumes of caffeine; violations that could results in suspension (Druckman et al., 2015). The NCAA only has a limited ban on alcohol that discourages binge drinking, and they disclose negative effects that come from excessive drinking and how it can interfere with their athletic performance (Druckman et al., 2015). Given these

policies in place, it might provide insight into why alcohol use is the most studied and common substance used by student-athletes. Due to the intensive physical and mental demands associated with being a student-athlete, binge drinking has been found to act as a coping mechanism, stress release, and outlet to have fun (Dziedzicki et al., 2013). Olthuis et al. (2011) concluded that parents, coaches, and teammates' perceptions of drinking behaviors and their influence on athletes is confounded by the athletes' expectations of having positive outcomes (as a result of drinking). Researchers have suggested that normative beliefs are one of the strongest predictors of student-athlete substance use (Buckner, 2013; Hummer, LaBrie, & Lac, 2009).

In a similar vein, athlete identity has been found to inform student-athletes' substance use behaviors. Grossbard et al. (2009) found athlete identity to inform perceived athlete norms as well as weekly drinking behaviors. The identity as an athlete encourages a strong sense of unity and comradery, and alcohol consumption within the group setting can be deemed as a behavior to build that sense of cohesion (Martens et al., 2006b). Furthermore, research shows engaging in group think behaviors in regards to alcohol acts to build and maintain athletes' status and identification of being a part of the "team" (Grossbard et al., 2009).

Serrao, Martens, Martin, and Rocha (2008) studied another potential risk factor associated with binge drinking: the effect competitiveness had on athletes and non-athletes alcohol consumption. Their findings of this study indicated that competitiveness is in fact a predictor for alcohol use. Jones (2015) proposed that competitive attitudes among athletes could increase the risk for hazardous alcohol use. Research findings also

support the notion that drinking game participation in athletes is a predictor of alcohol consumption and binge drinking (Jones, 2015).

Miller and Miller (2002) conducted a literature review of student-athletes depression and substance use, and found that 21% of the athletes reported high alcohol use as well as issues associated with alcohol. Ford (2007) also conducted a study that reinforced the findings that student-athletes' engage in more binge drinking than non-athletes. Ford (2007) believes that the difference between athlete and nonathletes is due to athletes being more devout to following social norms and viewing binge drinking as being more normative. Ultimately, it is clear that substance use, particularly binge drinking, is notable concern among student-athletes that would warrant seeking mental health services.

Reviewing the literature on the most prevalent mental health concerns that exist among student-athletes has shed light on their susceptibility and risk to developing mental health concerns. Additionally, this review shows how pervasive certain mental health problems (anxiety, depression, eating disorders, and substance use) are among student-athletes, a finding that warrants this population needing mental health services. Continued, increased attention to and research on student-athletes' mental health problems will help educate athletes, athletic personnel, and mental health professionals alike.

Support Services and Preferences for Student-Athletes Seeking Help

After discussing the extensive mental health concerns among student-athletes, it is important to review what support resources currently exist, and what student-athletes'

preferences are for seeking mental health services. The three most prevalent support resources designed to support student-athletes are *college counseling centers*, *mental health professionals in athletic departments*, and *outside consultants* (Brown et al., 2014). First, the most prevalent support resource available to both athletes and non-athletes is the college counseling center on campus. Most college counseling centers have varying types of mental health professionals, including psychologists, social workers, and counselors, on staff. These professionals have a wide array of specializations across varying mental health concerns. That being said, few college counseling centers hire sports psychologists to support the specific needs of student-athletes. Additionally, given the high volume of students who seek out services at counseling centers, it is often difficult for professionals to provide immediate and regular care. Even more, for student-athletes there is another challenge - a fear of confidentiality being breached by staff or peers seeing them in the campus counseling center (Brown et al., 2014).

The second support resource for student-athletes is sport consultant/counselors hired by athletic departments. These positions have been created more recently in athletic departments due to the increased mental health concerns among this population, and the NCAA's increased emphasis on wellness (Brown et al., 2014). These positions have helped increase student-athletes' access and trust of working with someone "in house" in the athletic department. These professionals have specific training in sports psychology and counseling and can provide performance and mental/emotional support for student-athletes. A similar challenge for sport consultant/counselors, however, is having time to meet regularly with athletes, given the high demand for services. Further, another

challenge is athletic staff not being clear about the referral process and type of support the student-athlete needs from the sport consultant (emotional/mental health concerns or mental performance services) (Brown et al., 2014).

Outside consultants are the third main source of support for student-athletes. These professionals typically have sport psychology and counseling training; however, they are contracted in to work with specific athlete's when necessary. The benefit of this service is that it provides specific support for student-athletes, and also helps reduce costs for the athletic department.

In addition to reviewing the support services available for student-athletes, it is also important to consider preferences student-athletes have for professionals they seek help from. Researchers have found that student-athletes prefer to work with sport psychology consultants who are female, have strong interpersonal skills, sport knowledge, athletic background, similar ethnic background, are physically fit, have a professional degree, and are relatively close in age (Lopez & Levy, 2010; Lubker et al., 2012). Although all these preferences student-athletes have cannot always be met, it is important to consider how these characteristics contribute to barriers that interfere with student-athletes' seeking mental health services.

Knowing what support services exist for student-athletes and their preferences for seeking help is crucial in gaining insight into factors that influence their intention of seeking mental health services.

Student-Athlete Help-Seeking Behavior

After reviewing the mental health concerns that exist among the student-athlete population, and support services that are available to address their concerns, it is vital to consider the barriers that perpetuate student-athletes' underutilization of seeking mental health services. As stated above, student-athletes' have more negative attitudes towards seeking help than their non-athlete peers and are less likely to seek help from a mental health professional (Gulliver et al., 2012; Moreland et al., 2018; Watson, 2005; Watson, 2006). Researchers have found some of the most significant barriers that interfere with student-athletes' help-seeking behaviors include the following: athlete identity and sport culture, cultural factors, stigma, no perceived need, time, low mental health literacy, fear of breach of confidentiality, and prior experiences and expectations of mental health services (Brown et al., 2014; Gulliver et al., 2012; Lopez & Levy, 2013; Lubker et al., 2008; Martin, 2005; Moreland et al., 2018; Steinfeldt et al., 2009; Steinfeldt et al., 2012; Watson, 2005; Watson, 2006; Wrisberg et al., 2009). It is important to examine what the most significant barriers are that continually interfere with student-athletes' seeking mental health services, to gain more insight into proactive approaches and strategies to better support their mental health concerns in the future.

Barriers for Student-Athletes Seeking Help

Athlete Identity and Sport Culture

Brewer, Van Raalte, and Linder (1993) defined *athletic identity* as the degree to which an athlete identifies with the athlete role. Athletic identity can be conceptualized as both a cognitive structure (e.g., schema) and a social role (Horton & Mack, 2000). As a

cognitive structure, the athlete identity becomes a filter for student-athletes when interpreting information that guides a person's behavior so that the behavior is consistent with the athlete role (Gulliver et al., 2012; Horton & Mack, 2000; Steinfeldt et al., 2009). As a social role, athlete identity is often informed by those closest to the athlete who oftentimes reinforce athlete norms; these persons can include friends, family members, teammates, and coaches. People with higher levels of athletic identity often engage with other athletes who also prioritize that part of their identity, which can further emphasize the importance of subscribing to their athlete role. Overemphasizing and overidentifying with the athlete role can lead to both potential benefits and risks (Steinfeldt et al., 2009). Brewer et al. (1993) described how athlete identity can act as either "Hercules' muscles" or "Achilles' heel." Benefits (Hercules' muscles) of ascribing to one's athlete identity can include sustaining healthy exercise behaviors, improving athletic performance, increased confidence, and strong self-esteem. Consequences could include identity foreclosure to other parts of one's identity (e.g., career, relationships, and self), emotional well-being, lack of adjustment post retirement, and lower levels of seeking help (Steinfeldt et al., 2009).

Steinfeldt et al. (2009) studied the impact gender role conflict, *athlete identity*, and stigma had on student-athletes' perceptions of seeking mental health services. The researchers used the Gender Role Conflict Measure, Athlete Identity Measurement Scale, and the Stigma Scale for receiving psychological help to measure the constructs in the study. The researchers sampled 211 male student-athletes who played football. Gender role conflict (GRC) is defined as the negative consequences associated with the

socialization of male gender roles (O'Neil, 2008). Researchers have found that those that have higher levels of GRC have been found to have difficulty in interpersonal relationships, increased rates of depression and anxiety, increased aggression, and lower levels of seeking mental health services (O'Neil, 2008). Steinfeldt et al. (2009) utilized cluster analysis to examine the male student-athletes' identification with the subscales within the GRC (success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflict between work and family relationships). Then they examined whether those subscales were associated with *athlete identity* and stigma, and if they impacted student-athletes' help-seeking behaviors. The results indicated that the athletes' with higher levels of GRC reported a stronger identification with their athlete identity. Further, the higher athletes' GRC and the stronger their *athlete identity*, the more stigmatized were their perceptions of seeking help, and the less likely they were to seek out mental health services (Steinfeldt et al., 2009).

Understanding how student-athletes are socialized in sport is another important component when examining barriers that interfere with student-athletes' seeking mental health services. Again, sport socialization refers to *an athletes' journey and process from their entry to retirement of the sport* (Sage & Eitzen, 2013). Sport socialization and sport culture inform the development of an athletes' attitudes, beliefs, and behaviors to be congruent within sport culture. Ultimately, this socialization process informs athletes of norms that guide and influence what behaviors are deemed acceptable. Researchers have found that student-athletes' socialization in sport can have a significant impact on their intentions and attitudes towards seeking mental health services (Martin, 2005; Steinfeldt

et al., 2012; Watson, 2006). Since the sport socialization process begins forming for athletes at a very young age and continues into early adulthood, it is important to consider the impact messages and philosophies communicated in sport (“No pain no gain,” “Shake it off,” and “Never quit”) have on their perceptions towards seeking mental health services (Brown et al., 2014; Cranmer & Myers, 2017; Starcher, 2015).

Beamon (2012) conducted a qualitative study to explore former student-athletes’ perceptions of how they were socialized in sport, and the impact athlete identity had on their lives. The sample consisted of 20 former Division I African American male student-athletes who played a revenue generating sport for their university (football or basketball) during college. The researcher conducted in-depth interviews using open-ended questions, trying to understand their experience of being socialized in sport. Some of the questions the interviewer used included “Talk about your parents’ role in your athletic career,” “Talk about some of your role models while growing up,” and “How important are sports to you and why?”, with follow up probes to allow for a comprehensive understanding of their experience. Two major themes that emerged from the data were *socializing agents* and *socializing environment*. Some of the major socializing agents included family, role-models, neighborhood and media, while the socializing environment often referred to the African American community. Findings revealed that the *significant socialization agents* in their lives *overemphasized* the importance of sports, which the athletes stated further increased their perception of the importance of sports in their own lives. Probably the most noteworthy finding in this study was that these former athletes reported their socializing agents and socialization environment

emphasized athletics above other roles, talents, needs, and skills in their lives. This finding reveals how influential and costly an athlete being socialized in sport can be in leading them to neglecting developing other important parts of their identity and personhood. Further, the implications of the athletes' oversubscribing to their athlete identity in this study could mean maintaining unfavorable attitudes or behaviors towards seeking help to uphold athlete norms ("Pain is weakness leaving the body," "Be mentally tough"). This study should increase the concern on the impact sport culture and socialization in sport has on student-athletes' attitudes and behaviors about mental health and seeking mental health services.

Cultural Factors Influencing Help-Seeking Behavior

Beamon's (2012) study revealed the reality that sport socialization has a significant impact on student-athletes lives, often at the expense of developing other aspects of themselves, but also points to the intersecting and confounding role cultural factors have on influencing help-seeking attitudes, beliefs, and behaviors. For example, Beamon (2012) concluded that student-athletes' who are a part of the African American culture was one of the most salient sources that influenced their overidentification with their athlete role. Similarly, in multiple other studies, race and ethnicity has informed a person's cultural values, beliefs, and norms that can affect perceived barriers to seeking mental health services. For example, generally, Caucasian Americans are more likely to seek help than African Americans, Asian Americans, and Hispanic Americans (Cheng et al., 2018; Steinfeldt et al., 2009; Topkaya, 2014; Wenjing et al., 2014). Researchers have also found, often in the African American culture, "toughing it out" is encouraged when

mental health problems arise, and Asian cultures have been found to value self-control and restricting emotions that interferes with seeking help. Among the Asian American and African American communities, many believe that talking about mental health or problems in general is taboo, or that problems should stay concealed within the family system (Beamon, 2012; Cheng et al., 2017; Mak & Davis, 2014; Masuda et al., 2012; Vogel et al., 2007; Topkaya, 2014).

Religion is another cultural factor that can influence someone's likelihood to seek mental health services. Smith and Simmonds (2006) examined the relationship between help-seeking behavior and membership in religious groups (mainstream religion--Christianity, Judaism, and Islam), alternative religion (New Age spiritual belief and Paganism), and no religion (agnostic and atheism). Findings revealed that across all groups, when facing a difficult life experience, approximately 50% would seek help from a friend over seeking mental health services. Further, almost a third of the participants stated that, when faced with a difficult situation, they would do nothing to address the problem, and about two-thirds utilized prayer as their major coping resource (Smith and Simmonds, 2006).

Researchers also continually have found that male athletes are less likely to seek mental health services than female athletes (Martin, 2005; Moreland et al., 2018; Watson, 2005; Watson, 2006; Wrisberg et al., 2009). Martin (2005) found that male student-athletes reported significantly lower scores on the Sport Psychology Attitudes-Revised form, and had more negative attitudes towards seeking mental health services. Masculine norms that athletes tend to abide by in sport culture are likely to be inflated within an

athletic environment, given the overlap in values such as aggression, winning, success, power, competition, and restrictive emotionality. Further, by valuing traditional masculine norms such as being aggressive and competitive, sports also socialize athletes not to be weak. The compound effect of holding both a male and athlete identity can increase the stigma that interferes with student-athletes getting help (Martin, 2005; Moreland et al., 2018; Steinfeldt et al., 2009; Steinfeldt et al., 2012) conducted a study that examined the impact masculinity had on how men were socialized in sport and the impact it had on their attitudes, beliefs, and behaviors. Findings indicated that the greater identification with their athlete role led to a stronger desire to meet societal expectations of what it means to be a “man” (e.g., being self-reliant, taking risks, and being aggressive). Female athletes have also been found to subscribe to masculine norms within sport culture, due to their perception that the “sport world” is a predominantly a male dominated culture that warrants being complicit to “masculine” patterns of behavior (Steinfeldt et al., 2011). Additionally, female athletes believe in order to be successful in athletics they must adopt characteristics and norms associated with masculinity behavior (Steinfeldt et al., 2011). Even though researchers have found female athletes generally have more positive attitudes towards seeking help, it is vital to understand that women are likely experiencing similar internal struggles towards getting help that warrants equal investigation (Brown et al., 2014; Martin, 2005; Moreland et al., 2018; Wrisberg et al., 2009).

Together, these findings point to the importance of more thoroughly understanding the intersection between masculinity and athlete identity to

comprehensively address faulty beliefs, attitudes, and norms that are likely communicated in both spheres that influence athletes' perceptions of seeking help. Identifying the intersection between masculinity and athlete identity is also important given empirical findings that conforming to masculine norms has been linked to more health risk behaviors and fewer health promotion behaviors (Mahalik, Levi-Minzi, & Walker, 2007), binge drinking (Liu & Iwamoto, 2007), and more sexually aggressive behavior, particularly when combined with problematic alcohol use (Locke & Mahalik, 2005).

Another relevant factor that influences student-athletes' help-seeking behavior is the type of sport in which they participate. Empirical findings suggest that student-athletes that participate in contact and individual sports have more negative perceptions and reduced likelihood of utilizing mental/performance training services and mental health services (Martin, 2005; Moreland et al., 2018; Wrisberg et al., 2009). *Contact sports* are those involving physical and verbal intimidation, bodily contact, and possible injury (e.g., wrestling), while physical noncontact sports are defined as those in which physical contact or intimidation rarely if ever occurs during competition, such as track and field (Coakley, 2004). *Individual sports* are those requiring the efforts of an individual athlete competing at the same time or alongside the opponent (e.g. golf, swimming) or in response to the efforts of the opponent, as in tennis (Coakley, 2004). Martin (2005) found that participants in physical contact sports (e.g., football, wrestling) have an even more negative perception of seeking psychological help when compared with other athletes. The aggressive and physical nature of contact sports can intensify and

reinforce masculine norms (e.g., accepting pain and physical risk), which could transfer over into their perceptions of mental health (accepting mental health ‘pain’), and deter athletes from seeking mental health services (Steinfeldt et al., 2009; Steinfeldt et al., 2010, Steinfeldt et al., 2012).

When considering the barriers that interfere with student-athletes’ help-seeking behavior, it vital to consider how an athlete’s intersecting identities, including gender, religion, race, and culture, might add barriers that increase stigma and decrease utilization of mental health services. Researchers and practitioners alike must consider how culture influences the development and identification with one’s athlete identity and explore the implications it has on his/her attitudes and behaviors towards seeking mental health services.

Stigma

Approximately 70% of college students believe that seeking mental health services is associated with social stigma that influence their perceptions of seeking help (Chen et al., 2015). More specifically, researchers have found that stigma (self and public) is one of the leading barriers that interferes’ with student-athletes seeking mental health services (Lopez & Levy, 2010; Moreland et al., 2018; Steinfeldt et al., 2012; Watson, 2006). Researchers have found that both self and public stigma predict negative attitudes towards seeking mental health services (Mak & Davis, 2014; Vogel et al., 2007). To reiterate, *self-stigma* is when a person has negative attitudes, beliefs, and/or stereotypes that one internalizes and believes about people who seek mental health services (Vogel et al., 2007). Vogel et al. (2007) identified self-stigma as a leading

predictor of why individuals have negative attitudes towards seeking mental health services, and self-stigma oftentimes is further enhanced by one's athlete identity (Brown et al., 2014; Moreland et al., 2018; Steinfeldt et al., 2009). *Public stigma* refers to society's negative beliefs, attitudes, and behavioral consequences about mental disorders, all of which lead to stereotyping, prejudice, and discrimination against people with mental health disorders (Vogel et al., 2007). Research has suggested that student-athletes are hesitant to seek help because they have a skeptical view of counseling and a fear of being stigmatized by teammates, coaches, student peers, and fans (Brown et al., 2014; Gulliver et al., 2012; Watson, 2005). Moreover, these sources act as referents for whether or not student-athletes believe these people would accept, endorse, or engage in seeking mental health services themselves, which inform athletes' behavior (Cranmer and Myers, 2017; Starcher, 2015; Turman, 2007; Watson, 2005). Ultimately, if student-athletes perceive these significant sources in their life to negatively evaluate seeking mental health services, this perception can inflate the self-stigma that already exists (Steinfeldt et al., 2009; Steinfeldt et al., 2010; Vogel et al., 2007).

Lopez and Levy (2010) examined what student-athletes' perceived to be the greatest barriers related to seeking mental health services. The researchers included 165 NCAA student-athletes who participated in 20 twenty different sports, varied in their academic status (e.g., freshman, sophomore), race, and age. The researchers acquired this data by conducting a quantitative study using the following instruments in their web surveys: Barriers to Help-seeking Checklist and Counseling and Psychotherapy Preferences Questionnaire. Findings in this study revealed that *social stigma* was one of

the most significant barriers for why student-athletes failed to seeking mental health services. These findings coincide with other research indicating student-athletes are afraid of being perceived as unhealthy, weak, or incapable to by their coaches, teammates, friends, and family, that contributes to their more negative perceptions of seeking help (Cranmer & Myers, 2017; Gulliver et al., 2012; Moreland et al., 2018; Vogel et al., 2007; Watson, 2006). For example, Watson (2006) examined internal and external barriers that interfered with student-athletes seeking mental health services. Participants included student-athletes and non-athletes (as a comparison group). The student-athletes were NCAA Division I athletes, males and females, and also represented a variety of different sports teams. The researcher used a questionnaire with quantitative and qualitative elements, leaving space for the participants to discuss and expand on the barriers they identified. Findings revealed that two of the main barriers for student athletes' were *personal discomforts (self-stigma) and perceptions of others (social stigma)*. It was also noted that personal discomfort was a more significant barrier for student-athletes' than nonathletes (Watson, 2006). In a study of student-athlete alumni (Schwenk et al., 2007), social stigma again was one of the greatest barriers for student-athletes' not seeking mental health services. Student-athletes described how the social stigma and fear/embarrassment of looking weak to others was a strong deterrent for seeking help when facing a difficult situation.

More recently, Gulliver et al. (2012) examined barriers that interfere with elite athletes (ages 16-23) seeking mental health services. The researchers ran focus groups to gain qualitative insight into athletes' perceived barriers of seeking help. The researchers

predetermined the topics (barriers) to ask the athletes' about, based on former research that identified some of the greatest barriers for athletes not seeking help. Further, the researchers utilized vignettes, open-ended questions, and activities to gain insight into student-athletes' perceptions of mental health issues, and what they believe are barriers and facilitators for seeking help as an athlete. First, the researcher used a vignette of a faux client to help provide an accurate understanding and example of a person struggling with a mental health problem. Second, the researchers asked the group what their general perceptions and understanding was of mental health problems that affect athletes, and barriers and facilitators for athletes seeking help. The researchers then asked the participants to complete an activity where they ranked the barriers (1= greatest barrier to 3= least significant barrier). The top three most significant barriers ranked by the athletes included *stigma, not knowing about mental disorders or symptoms, and not knowing when to seek help* (Gulliver et al., 2012). After the focus group, Gulliver et al. (2012) utilized a thematic analysis to gauge the most significant barriers for not seeking help. They found that approximately 44% of athletes' responses regarding barriers were related to stigma. These findings reinforced the significant role public and self-stigma have on athletes' attitudes, beliefs, and likelihood of seeking mental health services. One of the athlete's stated the following regarding the stigma he had towards seeking help:

You don't want them to think that you're not handling the pressure. That's the thing with athletes, like you're not really supposed to show your weaknesses kind of thing, 'cause that like lets your competitors know, so that's why a lot of the time you wouldn't go see the psychologist or whatever, just 'cause that becomes your weakness. (p. 6)

While there was variety in who athletes were concerned about finding out they needed help, most athletes agreed that they were most worried about their coaches and teammates knowing they were struggling. Additionally, athletes reported that the media was a significant source in perpetuating stigma regarding mental health and seeking help. The athletes perceived the media would exaggerate and exacerbate any problem they were facing, and would make them feel worse about facing a difficult situation. Ultimately, then, stigma is continually noted as one of the greatest barriers for student-athletes not seeking help, and further analysis and research of ways to help destigmatize mental health and seeking mental health services in the athletic community is essential.

Mental Health Literacy

Another factor that affects student-athletes' attitudes towards seeking help is low mental health literacy. Again, mental health literacy is defined as "knowledge and beliefs about mental disorders" (Jorm et al., 1997, p. 182). If athletes have low mental health literacy, this can lead to lack of awareness of problematic signs and symptoms of mental health conditions, not perceiving they need help, and limited knowledge of mental health resources (Gulliver et al., 2012; Moreland et al., 2018; Watson, 2006). Athletes' who cannot identify they have a "problem" or know how to differentiate a mild from a severe 'problem' run the risk of continuing to underutilize mental health services (Gulliver et al., 2012; Moreland et al., 2018; Watson, 2006).

As discussed above, in Gulliver et al.'s (2012) study, the three most predominant barriers that the athletes stated interfered with their seeking help included *stigma, lack of knowledge about mental health and support services, and knowing when to seek help.*

Thus, two of the three most significant barriers were due to low mental health literacy. When the researcher asked the athletes in focus groups to provide more insight into the barrier of ‘lack of knowledge about mental health,’ one of the athletes’ stated,

Being an elite athlete isn’t easy. . .you’re pushing your body to extremes almost every day and sometimes you do get depressed and, or upset or down because you’re always almost totally fatigued every day. So sometimes, I guess. . .you can blame your depression and anxiety and that on fatigue, when it might not be the fatigue that’s creating the depression or the anxiety. But you could put a cover on it like that, saying it’s from training. (p. 7)

Many of the athletes in the focus group shared this sentiment, that part of the confusion came from knowing how to delineate between symptoms common to being an elite athlete (e.g., fatigue, exhaustion, and anxious about performing) versus a person struggling with a mental health condition. The other significant barrier the student-athletes noted that is rooted in low mental health literacy was *lack of knowledge about mental health services*. First, the athletes’ described how they were simply unaware of mental health resources that were available, and, second, they did not know what the experience of seeking out mental health services would be like. Some athletes also had confusion around understanding what type of professional was appropriate for certain situations as evidenced by this excerpt, “The psychologists here are sport psychologists, sometimes things that happen away from sport you’re not sure whether you can go and see them about that, or is that an issue for a counselor.” Athletes also had concerns about not knowing what to expect if they actually attended a counseling session, which incited anxiety and fear that kept them from seeking help.

Watson's (2006) study also validated the finding that low mental health literacy is a significant barrier for student-athletes' seeking mental health services. He examined the most significant barriers for student-athletes seeking help, and found *no perceived need* to be the most prominent response among the participants. Although the researcher did not collect much qualitative data expanding on the *no perceived need* barrier, he believed that educating athletes' about mental health, mental health resources and services, and what to expect when attending counseling were vital components in improving their attitudes and behaviors towards seeking mental health services. Given these findings across studies, it is evident that student-athletes, coaches, and athletic staff alike need to increase their knowledge and awareness of mental health conditions, signs/symptoms of mental health problems, and support resources available for the athletes through training, workshops, and/or discussions.

Time, Confidentiality, and Prior Experiences/Expectations

Other notable barriers that interfere with student-athletes' seeking help include time, confidentiality, and prior experiences/expectations. Student-athletes have a lot of pressure and responsibilities, especially given the challenge of balancing their dual roles of being a full-time student and athlete, which requires a lot of physical, mental, and emotional energy. Watson (2006) and Lopez and Levy (2010) both examined barriers for student-athletes' seeking mental health services, and mutually found that '*time*' was reported by student-athletes as one of the most significant barriers. Student-athletes described how their 20 hour commitment to being a student and athlete each week made it difficult to find the time and energy to seek out help (Watson, 2006). Further,

student-athletes stated that, even when they did have ‘free’ time, mental health services were not offered, making it more challenging to access help even if they wanted to see a counselor.

Confidentiality is another barrier that can interfere with student-athletes’ desire to seek mental health services (Brown et al., 2014; Gulliver et al., 2012; Lopez & Levy, 2010). Athletes’ fear of their mental health struggles being noticed or perceived by teammates, peers, coaches and/or that the counseling staff might breach confidential information to athletic personnel poses a significant threat. Student-athletes are fearful that a breach of confidentiality could jeopardize their athlete status or eligibility, because their coaches might question their stability and ability to contribute, compete and train. These potential consequences of getting help can override any benefits that they might believe could be achieved by seeing a mental health professional (Brown et al., 2014; Lopez & Levy, 2010).

Researchers have also found *prior experiences* influenced student-athletes’ attitudes and behaviors towards seeking mental health services. Gulliver et al. (2012) found that student-athletes who had former negative experiences in counseling were less likely to seek help again in the future. Alternatively, researchers have also found that if a student-athlete had had a past positive experience seeking help they were more willing to be open to seeking help in the future. Further, Wrisberg et al. (2009) also explored student-athletes’ openness to seeking mental skills training and sport psychology consultants. They found that one of the most significant factors that led to student-athletes’ openness to seeking services was having a former positive experience with a

consultant, an experience they perceived was beneficial. These findings reinforced previous findings that student-athletes' having prior positive experiences had a large impact on their receptivity and openness to support services in the future (Lubker et al., 2008; Martin, 2005). Lastly, researchers also have discovered student-athletes' *expectations* about seeking help can also be a significant facilitator or barrier towards seeking mental health services. Watson (2005) found that the more positive student-athletes' expectations were about counseling services, the more positive attitudes they held towards seeking mental health services.

Reviewing the most significant barriers that interfere with student-athletes' seeking mental health services, research included in this study identified *athlete identity and sport culture, culture, stigma, mental health literacy, time, confidentiality, and prior experiences/expectations*. These barriers for student-athletes seeking help provide a comprehensive understanding and direction for future researchers and practitioners to address this problem moving forward.

Communication in Sports: Memorable Messages

Sport communities are progressively making strides in fostering a culture of care regarding mental health resources and services for their athletes; however, efforts are still needed to continue improving perceptions and prioritization of mental health in sports. In order to restructure the foundation of sport culture related to mental health, it is vital to understand how athletes are socialized. As previously stated, sport socialization can be understood as the process by which individuals learn their sporting roles (attitudes, norms, and rules) and how they become involved in sport throughout their career

(Coakley, 1993). A significant part of that socialization process happens through direct and indirect communication by the media, coaches, parents, and teammates regarding appropriate values, rules and norms to abide by as an athlete (Carless & Douglas, 2013; Coakley, 1993; Cranmer & Myers, 2017; Starcher, 2015).

The foundational research in sport socialization examined the demographic make-up of athletes, how they became involved, why they participated, and how they were changed by participating in sport (Carless & Douglas, 2013; Coakley, 1993; Hardin & Greer, 2009). Another significant component in early sport socialization research was trying to understand if an athlete identity provided unique lived experiences that shaped their beliefs, attitudes, and behaviors (Coakley, 1993; Hardin & Greer, 2009). Hardin and Greer (2009) investigated sports building character in athletes that foster traits such as hard-work, resilience, and altruism due to the context and environment of sports. More recently, researchers have been interested in studying how athletes' intersecting identities impact choices they make within the cultural, social, political, and economic context in their lives (Beamon, 2012; Carless & Douglas, 2013). Beamon (2012) explored athletes' self, social, and athlete identities and the impact these had on their identity development as they got older. Findings revealed that their athlete identity was considered to be more salient over their self and social selves; however, all had a level of influence over future career decisions (Beamon, 2012).

In general, most researchers who have studied sport socialization have examined three main categories: a) socialization in sport (discussing initiation and continuation in sport), b) socialization out of sport (discussing termination of sport career), and

c) socialization through sport (discussing sport participation and social development) (Coakley, 1993). *Socialization in sport* entails the physical and psychological attributes of athletes, encouragement and reinforcement from significant sources in their lives, opportunities to engage their sport roles, and social systems in which athletes developed their personal values and attitudes (Coakley, 1993). *Socialization out of sport* includes exploring attributes and experiences of athletes after retiring, examining dynamics of transitions out of their athlete identity, and forming new aspects of their identity moving forward. *Socialization through sports* examines the identity development of the athlete in sport and its impact on their character traits, attitudes, and behaviors in and out of sports. Specifically, this aspect of sport socialization is focused on the benefits and potential consequences of participating in sports over time. Across all three different categories, researchers have concluded that sport encompasses its own unique culture that socializes athletes in a myriad of ways, influencing aspects of their social, emotional, and physical lives (Coakley, 1993). Hughes and Coakley (1991) identified four beliefs that are commonly accepted in sport culture and define what it means to be an athlete: a) being an athlete involves making sacrifices for the game, b) being an athlete involves striving for distinction, c) being an athlete involves accepting risks and playing through pain, and d) being an athlete involves refusing to accept limits in the pursuit of possibilities.

The beliefs Hughes and Coakley (1991) identified in sport culture have been validated in more current research that has found athletes abide by a “performance narrative” that fosters a “win at all costs” mentality no matter what (Carless & Douglas, 2013). Athletes living in accordance with the “performance narrative” are pressured to

forfeit other important aspects of their identities, which can yield negative consequences. Carless and Douglas (2013) examined how the “performance narrative” influenced athletes and found that at times they experienced significant tension between acting within the parameters of their sport identity at the cost of other important identities. For example, a participant discussed how her relationships with friends and family outside of her sports team were compromised during the heat of her season because of the unwavering commitment to her sport (Carless & Douglas, 2013). In this research, the sacrifice for these athletes was the loss and/or weakening of significant relationships in their lives; therefore, it would be reasonable to believe that an athletes’ mental health could also be compromised at the expense of sports.

There are both benefits and consequences of athletes being socialized in sport. The “win at all costs” mantra is one example of a prevalent athlete mentality that can lead to severe consequences, such as playing through an injury (Fletcher et al., 2012). One could classify these type of influential phrases as “memorable messages.” Memorable messages are defined as messages that recipients recall for a long period of time and that exert considerable influence on some aspect of their lives (Knapp et al., 1981; Stohl, 1986). Initially, researchers generally studied the concept of memorable messages but, in subsequent research, they have examined the role of memorable messages in the socialization processes. Stohl (1986) reported how memorable messages socialized people into their environments by guiding their sense-making and communicating role-appropriate behaviors. Knapp et al. (1981) observed that memorable messages often were rule-structured and contained action-oriented commands. They resembled rules that

function to regulate, interpret, evaluate, justify, correct, predict, and explain behavior (Stohl, 1986). Memorable messages are classified as being followable, prescriptive, and contextual, and pertaining to behavior. Stohl (1986) reported that the messages also functioned as “scripts” that fostered schematic cognitive maps that also guided a person’s behavior. Researchers have studied memorable messages in a variety of disciplines and subjects, including nursing, education, aging, parenting, dating, and, more recently, sports (Cranmer & Myers, 2017; Ford & Ellis, 1998; Holladay & Combs, 1991; Holladay, 2002; Nazione et al., 2011; Starcher, 2015; Waldron et al., 2014). Holladay and Combs (1991) conducted a study on memorable messages in dating and found that the messages young adults received socialized them on “appropriate” attitudes, expectations, and behaviors when dating. Waldron et al. (2014) studied the impact memorable messages parents communicated to their children about moral behavior had on their lives. The researchers found the messages the young adults recalled from growing up still had considerable influence on their cultural, religious, and societal moral values that guided their lives (Waldron et al., 2014).

As mentioned above, only recently have researchers begun to explore memorable messages in sports (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). Although researchers have generally explored ways sport culture might shape athletes’ identities, only a few researchers have examined what memorable messages related to sport culture are received and how they influence athletes’ attitudes, beliefs, and behaviors about themselves and the world around them (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). Further, researchers have stated there is ample research on who socializes

athletes but minimal exploration on understanding the discourse and specific messages that are communicated to athletes (Greendorfer & Bruce, 1991; Kassing et al., 2004; Nixon, 1990). Given the prominent role communication plays in socializing athletes, gaining more insight into memorable messages athletes receive, recall, and live by can provide context into how sport culture norms likely perpetuate stigma towards mental health and mental health services.

Turman (2007) was the first researcher who began exploring the impact communication has on how athletes are socialized in sport. This study was the precursor to researchers specifically studying memorable messages athletes receive in sports. Turman was aiming to understand how parental communication and parental roles influenced young athletes continued sport participation. Although Turman did not explicitly explore ‘memorable messages,’ he was interested in identifying ‘compliance-gaining techniques’ parents used to encourage their child’s sport participation. The researcher described ‘compliance gaining techniques’ as *persuasive messages* parents communicated to their children that impacted their sport participation. Turman explored compliance-gaining messages former athletes received from their parents while playing sports and the influence it had on their sport participation. The participants included 103 males and 173 female students at a Midwestern university who had varying levels of athletic participation (extremely active, active, and moderately active) prior to attending college. Participants were provided the following case scenario before completing the instrument on compliance gaining techniques their parents used: *You are a high school student who has decided to quit the athletic team you are currently competing for midway*

through the season. Your parent wants you to continue competing until the end of the season. How likely is your parent to use each of the following messages? The researcher created a compliance gaining technique measure for the participants, tailoring the items to fit messages parents communicated regarding sport participation based on five strategies used when considering compliance to a behavior (Marwell & Schmitt, 1967a): a) rewarding activity, b) punishing activity, c) use of one's own expertise, d) activation of impersonal commitments, and e) activation of personal commitments. Examples of messages from the '*use of one's own expertise*' category included, "If you continue to participate you will then learn the value of discipline for later life experiences"; "They try to be as friendly and pleasant as possible to get you in the 'right frame of mind' before asking you to finish out the season"; and "They explain that you will feel proud if you work hard and finish out the season." Examples of some messages under the *activation of impersonal commitments* strategy included, "If you quit the team then you will be labeled as a quitter for life"; "You will feel ashamed of yourself if you quit the team"; and "The whole family will be disappointed if you quit the team." After reading the case scenario, the athletes completed the 20-item compliance gaining instrument, rating the statements under each category based on messages they received from their family using a Likert scale 1 - 4 (1=*not at all like my family* to 4=*a lot like my family*) (Turman, 2007).

Results revealed that the most significant messages athletes received from their parents that influenced their sport participation fell into the *use of one's own expertise* and *activation of impersonal commitment* categories (Turman, 2007). These results suggested that, while parents were utilizing prosocial messages to encourage and support

their child's athletic participation, athletes also had received coercive and manipulative messages from their parents that influenced their sport participation. These findings support the notion that athletes are socialized in sport from significant sources in their lives, and these messages exert considerable influence on their behaviors, in this case athletes' continued sports participation (Turman, 2007). Turman suggested future researchers should consider gaining more qualitative data around how messages parents communicate could increase physical, emotional, and mental pressure on young athletes.

To date, how memorable messages socialize athletes in sports have been specifically examined in only two studies (Cranmer & Myers, 2017; Starcher, 2015). In both studies, the researchers identified specific messages athletes received while playing sports and the main significant sources that communicated the messages (e.g., parents, teammates) (Cranmer & Myers, 2017; Starcher, 2015). Cranmer and Myers (2017) studied what memorable messages Division I student-athletes received prior to entering collegiate sports. They sampled 118 student-athletes and, of the sample, 113 were able to recall salient memorable messages received before entering college. The researchers passed out questionnaires in introductory communication courses that included a cover letter, questionnaire, and envelope; student-athletes were asked to complete the questionnaire outside of class and return it to their professor in a sealed envelope. The questionnaire asked the student-athlete to identify a memorable message prior to becoming a collegiate student-athlete, in addition to completing a demographic data form. The researchers provided the athletes with a definition of a memorable message in addition to providing two examples, and discussed ways these messages can influence

behavior, expectations, and/or decision making. After identifying a memorable message (in open question format), students were asked to indicate on a Likert-scale how confident they were in the wording of the message. The main topics that emerged from the identified memorable messages (through pattern coding) included two main categories: *characteristics of a collegiate student-athlete* and *experiences of a collegiate student-athlete* (Cranmer & Myers, 2017). Within the first category, *characteristics of a collegiate student-athletes*, three topics emerged: *desired attitudes*, *hard work*, and *physical skills or abilities*. Some of the memorable messages that comprised desired attitudes for student-athletes included the following: *confidence*, *competitiveness*, *humility*, *perseverance*, and *happiness*. Within the second category, *experiences of a collegiate student-athlete*, seven topics emerged: *opportunities*, *pride*, *inclusion*, *challenges*, *athletes as symbols*, *importance of education*, and *duration of collegiate athletics* (Cranmer & Myers, 2017). Across both major memorable message categories that emerged, *characteristics of a collegiate student-athlete*, and *experiences of a collegiate student-athlete*, the frequency of the sources who communicated these messages were the following: coaches - 44.2%, multiple sources - 20.3%, father - 17.7%, mother - 3.5%, teammate - 3.5%, other family members - 3.5%, sibling - 2.7%, media - 2.7%, and peer - 1.8%. Additionally, 66.4% of the messages communicated were from males, 19.5% from women, and 14.2% from both. Although the researchers solicited memorable messages, they did not examine how those messages were socially constructed or internalized by student-athletes. Further, although sources of who communicated the messages were identified in terms of frequency, there was no in-depth

examination of which sources had the greatest impact on their beliefs, attitudes, and behaviors. Additionally, Cranmer and Myers (2017) recommended that future researchers should utilize in-depth interviews, as they believed interviews would be the most effective tool to explore how student-athletes process and assign meaning to their memorable messages.

Similar categories and themes emerged in another study of memorable messages athletes received from their fathers about sports while growing up (Starcher, 2015). Starcher asked participants to write down two memorable messages they remembered their father offering while they were actively or passively participating in sports. The purpose of this research was to gain further information on the impact these messages had on how sons and daughters are socialized in sports. Starcher found the following categories in relation to memorable messages athletes received from their fathers about sports (supra-type and subtype): a) *Effort* (try your best, never give up, give 100%); b) *Character traits* (be a good sport, be loyal to others); c) *Emphasis on physical skills/performance* (winning/performance is everything); d) *Attention on others* (importance of team); and e) *Have fun*. Among these memorable messages categories, the theme that was found most frequently was the *effort* fathers expected their sons and daughter athletes to exert in their sport. These salient messages of encouraging young athletes to engage in relentless hard work, never giving up no matter the cost, and consistently exerting maximum effort were noted by the participants as transferring over into other areas of their lives. Although this study expanded upon memorable messages athletes received, the researcher merely identified the frequency of the messages without

deeply exploring how the participants internalized these messages that affected them later in life. Further, the researcher only broadly noted how the athletes stated that the messages influenced and socialized them in other areas of their lives. For example, most all of the athletes described how the messages about *effort* impacted their desire to excel and do their best in all endeavors they pursue in their life. Athletes stated how messages related to *Character traits* and *Attention on others* influenced their desire to “respect rules,” “be loyal,” “act with integrity,” and “be gracious,” and taught them the importance of being self-less and focusing on others inside and outside of sports. Although these examples provide evidence that messages athletes received growing up impact how they are socialized, there were no specific examples around how they influenced specific attitudes and behaviors in their life. The present study will expand upon this research by asking athletes how similar types of messages have influenced their attitudes and behaviors, specifically related to mental health and seeking mental health services.

Across these two studies (Cranmer & Myers, 2017; Starcher, 2015) the categories that intersected about memorable messages athletes received, *effort*, *athlete character traits*, and *physical skills/performance* were the most prominent topics of memorable messages received by athletes (Cranmer & Myers, 2017; Starcher, 2015). These two studies, which examined the memorable messages approach within the context of exploring how athletes are socialized, provide a foundation to continue expanding and deepening this research. Specifically, areas that need to be further addressed in research include examining which sources who communicate the messages have the greatest

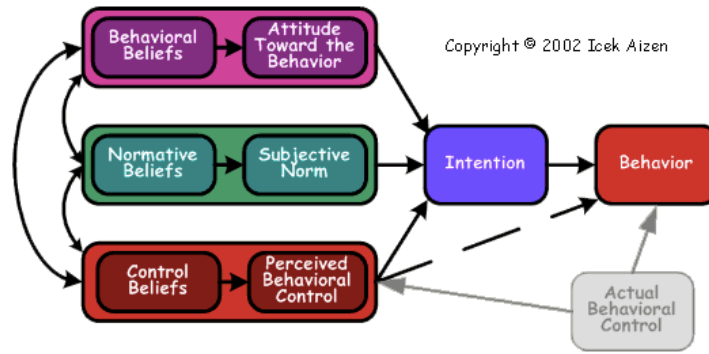
influence, and the significance and meaning athletes ascribe to memorable messages. Further, no one has directly examined memorable messages student-athletes have received in sport about mental health and/or seeking mental health services, which will be the focus of this current research study. Ideally, uncovering these explicit and implicit messages will provide insight into how to re-shape norms and destigmatize mental health services in sports communities.

Components of TPB: Determinants (*Direct and Indirect*)

To reiterate, the TPB is a framework that helps understand and predict whether someone will engage in a specific behavior (Ajzen, 1991). For this study, the researcher is interested in examining student-athletes' help-seeking behavior. The three *direct* determinants in this model that shape one's intentions towards a behavior include attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991; Biddle et al., 2007; Bohon et al., 2016). The *indirect* determinants in the model that shape one's intentions towards a behavior include behavioral beliefs, normative beliefs, and control beliefs. Again, the indirect determinants inform the direct determinants that, in turn, determine one's intention of whether to engage in a behavior. The researcher will provide more evidence-based research validating this framework and discuss additional factors within the model that influence student-athletes' help-seeking behavior.

Figure 2

Theory of Planned Behavior



Empirical Evidence for TPB

As previously stated, the theory of planned behavior (TPB) has been utilized and validated across studies that have examined student achievement, physical activity, condom use, healthy eating, and help-seeking behavior (Alas et al., 2016; Albarracin et al. 2001; Biddle et al., 2007; Karpinski et al., 2016; Mo & Mak, 2009). In a few studies, researchers have utilized this framework to explain and understand college students' help-seeking behaviors and athletes' eating behaviors (Bohon et al, 2016; Karpinski et al., 2016; Pawlak et al., 2009). Bohon et al. (2016) specifically explored how the theory of planned behavior predicted college students' intentions to seek mental health services for depression. They found that attitude was the strongest predictor for college students' intentions to seek mental health services, which is consistent with other studies' findings for college students (Bohon et al., 2016; Rickwood et al., 2005; Schomerus et al., 2009; Topkaya, 2014). Attitudes that college students held about seeking mental health services

included lack of knowledge about treatment options, negative attitudes and beliefs about seeking mental health care, and beliefs that these services would not positively impact them (Bohon et al., 2016; Rickwood et al., 2005).

Pawlak et al. (2009) utilized the TPB to examine the salient determinants that predicted college baseball players' intention to eat healthy. In a multiple regression analysis, they found the TPB model accounted for 72% of the variance associated with athletes' intentions to eat healthy (attitudes $\beta = .383$, subjective norms $\beta = .291$, perceived behavioral control $\beta = .269$). Karpinski et al. (2016) also examined the predictive power of the TPB model (attitude, subjective norms, and perceived behavioral control) on college athletes' intentions to engage in healthy eating. The researchers also performed a multiple regression analysis and found the model explained 73.4% of the variance (attitudes $\beta = .534$, subjective norms $\beta = .235$, and perceived behavioral control $\beta = .279$) regarding athletes' behavioral intention towards engaging in healthy eating (Karpinski et al., 2016). In both research studies, the TPB was an effective model that predicted athletes' intentions to eat healthy (Karpinski et al. 2016; Pawlak et al., 2009).

Although the TPB model has not specifically been applied to student-athletes' help-seeking behavior (but has been applied with college students in general), studies of other dependent variables provide further validation that the TPB model is an empirically sound framework to utilize when examining this population and behavior. Further, given the unique challenges associated with being a college athlete, using this model could spur new insights into their perceptions, attitudes, beliefs, and intentions towards seeking help

that could inform future mental health prevention and intervention efforts for this population.

Application of TPB and Student-Athlete Help-Seeking Behavior

The first direct determinant in the TPB model is attitude. Again, attitude is defined as whether a person has a favorable or unfavorable affect towards a specific behavior. Factors that have significant implications on student-athletes' attitudes towards seeking mental health services include *self-stigma, denial and lack of awareness of problem, and belief that mental health professionals will not be able to understand their specific needs* (Gulliver et al., 2018; Lopez & Levy, 2010; Moreland et al., 2018; Vogel et al., 2007; Watson 2005; Watson 2006). The second direct determinant in the TPB model that influences student-athletes' intentions to seek mental health services is subjective norms (Ajzen, 1991). Again, subjective norms include the social pressures felt to perform a behavior. Important factors that inform subjective norms held by student-athletes' that influence their intention to seek mental health services include *public stigma, sport ethic/culture, and significant sources (family, coaches, teammates, friends, and media)* (Brown et al., 2014; Coakley 1993; Hughes & Coakley, 1991; Marx et al., 2008; Moreland et al., 2018). The last direct determinant in the TPB model is perceived behavioral control. Again, perceived behavioral control is the perceived ease with which a person believes he/she can execute the behavior (seeking help). The major factors from the literature relevant to perceived behavioral control that impact student-athletes' help-seeking behavior include *time, confidentiality, and knowledge of resources* (Gulliver et al., 2012; Lopez & Levy, 2013; Watson, 2005). All of these factors contribute to

student-athletes' negative and unfavorable attitudes, beliefs, and perceptions towards seeking help that reduce their utilization of mental health services. It is important to note that the determinants in the TPB model (behavioral, normative, and control beliefs) inform each other; therefore, they can increase student-athletes' resistance towards seeking mental health services. For example, if a student-athlete has a behavioral belief that he/she will feel personally ashamed if they seek help, this could inflate an athlete's normative belief that their peers would disapprove of him/her seeking help, which could inform their control beliefs that there are too many barriers that exist to actually seek help.

Using TPB helps conceptualize the beliefs (behavioral, normative, and control) student-athletes' form towards seeking help that informs the development of attitudes, subjective norms, and perceived behavioral control that can prevent student-athletes from seeking help. Further, utilizing the TPB as the framework will help provide a conceptual and practical lens for how to address barriers that interfere with athletes seeking mental health services.

Limitations of TPB

The theory of planned behavior is an effective framework to use when conceptualizing student-athletes' intentions towards seeking mental health services; however, with every model there are limitations that must be acknowledged as well (Ajzen, 1991; Bohon et al., 2016; Mo & Mak, 2009; Mak & Davis, 2014). One of the first limitations of this model is that it does not specifically take into account environmental or economic factors that could influence a person's intention to seek help.

Another limitation is that it does not consider the impact other confounding variables could have on one's motivation and intention to engage in the behavior including personality, mood, threats, fears, and self-efficacy. Lastly, this framework does not account for how a person's behavior can change over time or examine the time frame associated between one's intent and actual performance of a behavior.

Nevertheless, this framework will be used in the current study because it has been used to successfully predict and explain a wide range of health behaviors, including smoking, drinking, condom use, exercise, substance use, and more recently, help-seeking behaviors (Alas et al., 2016; Albarracin et al. 2001; Biddle et al., 2007; Karpinski et al., 2016; Mo & Mak, 2009), and has been used with college student-athletes specifically. Additionally, this framework considers a series of comprehensive determinants that can influence athletes' attitudes, beliefs, and behavior towards seeking help on an intrapersonal, interpersonal, organizational, community, and policy level.

CHAPTER III

OUTLINE OF PROCEDURES

The main focus of this study was identifying and examining the messages student-athletes receive that influence their perceptions of seeking mental health services. The second focus was to identify the most influential sources who communicate these messages. Overall, the purpose of this study was to gain insight into the role communication plays in perpetuating stigma and underutilization of student-athletes seeking mental health services. The review of the literature on this research topic indicated the appropriateness of a qualitative approach. More specifically, the researcher used a Consensual Qualitative Research (CQR) design (Hill, 2012). CQR is a qualitative methodology that is utilized when researchers are interested in understanding a certain phenomenon. More specifically, CQR is a methodology that helps provide an in-depth understanding of people's beliefs, attitudes, behaviors, and experiences. For the purpose of this study, the phenomenon that the researcher was interested in gaining more insight into was student-athletes' low rates of seeking mental health services (Watson, 2005). CQR methodology helped explore how communication (i.e., memorable messages) informs the stigma student-athletes have towards seeking mental health services. The hope was that using CQR methodology will inform future research, help athletic departments consider ways to re-shape norms in the athletic community towards mental health, increase help-seeking behavior among student-athletes, and inform the

development and implementation of support resources that could address mental health problems at universities for this population.

Research Questions

- 1.) What are the memorable messages student-athletes receive that inform their perceptions of seeking mental health services?
- 2.) Which sources who deliver the memorable messages have the greatest impact on student-athletes attitudes and perceptions of seeking mental health services?

Methodology

Philosophical Background of CQR

All research methodologies are rooted in certain paradigms that guide and influence the entirety of the research process (Hill, 2012). Different paradigms have varying philosophies regarding the nature of reality, the relationship between the researcher and participant, the role of the researcher's values in the process, the language used to present the research, and process and procedures of the research. CQR (Hill, 2012) operates predominantly from a constructivist paradigm, with some post positivist underpinnings. From the postpositivism paradigm perspective, there is an objective truth in research, yet researchers understand that there are limits to fully understanding the truth. From the constructivism paradigm, one single true reality does not exist, and there are multiple realities and truths depending on the person. CQR pulls from aspects of postpositivism by incorporating a research team that is seeking out a "truth" about the data that is acquired through a consensus process (Hill, 2012). In a similar vein, the postpositivist paradigm is present in CQR through the use of semi-structured interviews

that seeks to elicit themes across the participants, thus working towards identifying “truths” regarding the topic. CQR also has elements of naturalistic and interactive approaches, both of which are characteristic of a constructivist paradigm. Specifically, CQR is constructivist in nature by acknowledging the mutual influence that exists between the researcher and participant while being interviewed. CQR’s use of bracketing is congruent with both postpositivist and constructivist paradigms, as this process is used to acknowledge researchers’ biases towards the topic to uphold the integrity of data analysis. CQR uses the same interview questions and protocol across participants to reduce the likelihood of researcher bias (post-positivistic), yet has an awareness that researchers’ biases will influence how they conduct the interviews (constructivistic).

Although CQR acknowledges that participants socially construct their own realities, the focus is on looking for themes, or common shared experiences, among all participants. This methodology shares common characteristics with other qualitative methodologies, including grounded theory, phenomenological, and comprehensive process analysis (Hill, 2012). Hill (2012) stated that CQR is most similar to grounded theory, as both include interviewing participants, developing core ideas and domains, and continually reviewing the data to capture the essence of participants’ responses. However, there are key notable differences between CQR and grounded theory: CQR uses semi-structured interviews, whereas GT is unstructured; CQR has a fixed data analysis process and GT has a more flexible approach; and CQR identifies specific frequency categories to group data (general, typical, variant, and rare), whereas GT does not have specific categories. Ultimately, it is important to identify the roots and

intersections CQR has with other paradigms and qualitative methodologies to ensure researchers are conducting competent, ethical, and relevant research that has translational value in their respective fields.

Key CQR Components

The main components of CQR methodology include the following a) CQR is inductive rather than deductive; b) CQR uses open-ended questions that stimulate participants' thinking and elicit rich responses; c) CQR uses words (narratives and stories) rather than numbers; d) CQR uses the context of the entire case to understand each element; e) CQR studies include a small number of cases in depth; f) CQR relies on multiple perspectives with at least three primary team members conducting the data analysis and one to two auditors checking the work of the primary team; g) CQR relies on consensus among the team members; h) CQR places a strong emphasis on ethics, trustworthiness, and the role of culture; and i) CQR requires that researchers continually return to the raw data to verify their emerging conclusions (Hill, 2012).

One of the first foundational underpinnings of CQR research is that *data analysis is inductive* (bottom up), meaning the conclusions drawn from the research are formed from the raw data collected via the interviews (Hill, 2012). The intention behind using a CQR approach is to allow for results to naturally emerge instead of utilizing a theoretical lens or personal biases that might alter the findings (Hill, 2012). Researchers utilizing this methodology are to maintain an openness and suspend hypotheses they have to maintain the integrity of the results. Secondly, the *open-ended interview questions* should be rooted in an inductive approach that follows the participants to lead. The questions act as

a framework that allows the participant space to respond on whatever comes to mind about the topic, without the researchers imposing their beliefs or perceived ideas on the subject matter. Thirdly, the CQR approach *relies on narratives and words* that are intended to understand the fullness and richness of participants' experiences. Fourth, it is vital to *elicit the context in which the words and narratives are spoken*, which helps the researchers gain insight into how the participant sees the world.

Fifth, this methodology uses relatively *small samples* in order to devote a significant amount of time to each case, allowing for a more in-depth and comprehensive understanding of each participant's story (Hill, 2012). Sixth, having a *research team* to analyze the data helps to present differing viewpoints of the data while still coming to a group consensus on the themes. Further, having an auditor to review the data consensus acts as a checks and balance system to ensure the team is accurately capturing the essence of the data. Seventh, the group must come to a *consensus* on the data themes that works towards establishing a universal truth for the sample. This process starts by researchers independently examining the data and then coming back together as a group and coming to a consensus together. Eighth, researchers utilizing CQR must be intentional about *analyzing data in an ethical, culturally sensitive, and trustworthy manner* throughout the entire process, being aware of their own biases and blind spots that could alter the data or be harmful. Lastly, it is vital that researchers are *constantly returning to the data* when collecting and determining themes. This process could entail having in depth discussions regarding data with team members, rereading the transcription of the interviews, and/or listening back to the recording to resolve and clarify any questions.

Rationale for CQR Methodology

One of the rationales behind selecting CQR methodology (Hill, 2012) for this research stems from former researchers' suggestions to deepen the information regarding memorable messages student-athletes receive in sports through in depth-interviews (e.g., Cranmer & Myers, 2017). Given that CQR is a methodology utilized to *deepen* our understanding of peoples' inner experiences, attitudes, and beliefs, this approach appears to fit previous researchers' recommendations to explore this topic further (Hill et al., 2012). CQR also appears to be the most fitting methodology given the researchers' goal of exploring student-athletes' beliefs surrounding mental health and seeking mental health services. Hill (2012) also indicated that CQR is the most effective methodology to utilize when there is a paucity of research on a certain topic. To date, only a few researchers have explored memorable messages athletes have received about sports, and none have examined how those messages influence their attitudes towards seeking mental health services. Utilizing CQR will help discover significant themes (domains and core ideas) across student-athletes' experiences that can inform the future development of measures that examine athletes' help-seeking behavior, while also informing the development of future programs and support resources for this population.

Participants

Hill (2012) stated that, when selecting participants for a CQR study, it is vital to identify selection criteria for the sample that are clearly defined in order to ensure consistency. Hill also recommended selecting a homogeneous sample which has experienced the phenomenon being explored in the study. The sample size recommended

using CQR is from 8-15 participants. This sample size number is believed to be the appropriate number in order to obtain consistency in results across participants. The population of interest for this study includes collegiate student-athletes at Division I universities. The National Collegiate Athletic Association (NCAA) has three different levels of sports, Division I, II, and III. Division I denotes the highest level of collegiate athletics and is associated with more power, funding, state of the art facilities, and scholarship money for athletes (Fletcher et al., 2012; Wylleman & Lavalley, 2004). Division I athletic programs are required to have either seven sports for men and women or eight sports for women and six for men (Fletcher et al., 2012; Wylleman & Lavalley, 2004). For the purpose of this study, the selection criteria include the following: a) participants must be student-athletes at a Division I university, b) must play a contact or individual sport, and c) can vary in their student status (freshman, sophomore, junior, or senior). The rationale for including only participants from a Division I university is because researchers have found the more rigorous level of athletics has increased demands that is associated with more stress, thus increasing athletes' risk for acquiring a mental health condition (Fletcher et al., 2012; Wylleman & Lavalley, 2004). Higher levels of commitment (physical and emotional) required at the Division I level often create a stronger identification with the athlete identity (Steinfeldt et al., 2009); the more student-athletes identify with their athlete identity, the less likely they are to seek mental health services (Steinfeldt et al., 2009). Also, given the intensive level of commitment for student-athletes at a Division I level, one could hypothesize memorable messages

received might be more salient to recall given the intensive socialization required to be an athlete at this level.

The rationale for including student-athletes who participate in a contact or individual sport is based on systemic empirical findings that these types of sport have more negative perceptions about reduced likelihood of utilizing mental/performance training services and mental health services (Martin, 2005; Moreland et al., 2018; Wrisberg et al., 2009). Contact sports are defined as those involving physical and verbal intimidation, bodily contact, and possible injury (e.g., wrestling), while physical noncontact sports are defined as those in which physical contact or intimidation rarely if ever occur during competition (e.g., track and field) (Coakley, 2004). Team sports are defined as those involving the collective efforts of one group of athletes directed against those of another group (e.g., football), while individual sports are defined as those requiring the efforts of an individual athlete competing at the same time or alongside the opponent (e.g., golf, swimming) or in response to the efforts of the opponent (e.g., tennis) (Coakley, 2004). Since the most stigma exists for athletes who play a contact or individual sport, it would appear that gaining insight into athletes' experiences who have the most resistance towards seeking help would be the priority to examine in this study.

The sample in this study will also include both male and female athletes. The rationale for including both is due to the paucity of research on both male and female athletes specifically related to the effect communication in sport has on their help-seeking behaviors. Additionally, researchers have concluded that male and female athletes both strongly subscribe to their athlete identities, and it oftentimes becomes their most salient

identity (Steinfeldt et al., 2009; Steinfeldt et al., 2011; Steinfeldt et al., 2012). Further, as previously stated, female athletes often subscribe to masculine norms in sports, meaning they share common attitudes, beliefs, and norms as athletes. Sampling student-athletes with the strongest stigma towards seeking mental health services would be beneficial for understanding the depth of the problem (phenomenon), so that findings will inform future research and help practitioners reach this population.

Measures

A questionnaire (Appendix A) was the only measure utilized in this study. The questionnaire provided the researcher with relevant demographic and contextual information that was useful during the interview process and data analysis. The information on the questionnaire included questions that collected the student-athletes' self-identified demographic information including age, race, gender, year in college, sexuality, major, sport team, and how many years they have been playing their sport competitively. The other instrument in this study was the interview guide (described below). The interviewer asked questions to understand student-athletes' beliefs, attitudes, and perceptions of mental health, athlete identity, and messages they have received from significant sources that have influenced their perceptions of seeking mental health services.

Procedures

Research Team

The first step in the CQR process is identifying and selecting the team of researchers who will assist in the research process in identifying domains and core ideas,

conducting the cross analysis, and providing the audit. Hill (2012) recommended having three people on the primary team, and one or two auditors to check the data analysis as the core team completes each step to ensure accurate and unbiased findings. After the principal investigator (PI) assembled the research team, the group met to discuss goals, authorship, roles/tasks, and necessary training to conduct CQR methodology. Next, Hill (2012) suggested that, before beginning their work, the research team must bracket out in writing any biases, expectations, or beliefs regarding the research topic. Additionally, these were shared in a group discussion of how each person's biases could influence them throughout the research process and how to avoid imposing biases along the way. It is especially important once the data analysis begins to have ongoing discussions within the research team if any biases arise during the coding process. If biases do arise, then members should solicit feedback from the group on where these potentially influenced their domains and core ideas and identify ways to maintain the integrity of the data moving forward.

Recruitment

This study used purposive sampling that included recruiting student-athletes from Division I schools across the country. Hill (2012) stated to use random selection if there are more than 15 participants who self-select into the study. The PI created a recruitment email (Appendix B) that included all IRB-approved materials: recruitment statement, my personal interest in the topic, disclosure of my former identity as a student-athlete, purpose of study, description of study, requirements of participation, participant selection criteria, time commitment, interview format, incentive offered, practical implications for

how this study would help serve and support athletes in future research and/or program development, in addition to the demographic questionnaire, and the researcher's contact information for returning the forms.

The PI will then send all the recruitment email/materials to Dr. Milroy, a professor in the public health department and a staff member at the Institute to Promote Athlete Health and Wellness (IPAHW), both at The University of North Carolina at Greensboro (UNCG), and a member on the researcher's dissertation committee. Dr. Milroy volunteered to reach out and email the recruitment materials to athletic contacts at Division I schools across the country where he and the Director of IPAHW, Dr. David Wyrick, have developed connections over time. Dr. Milroy first sent an introduction email introducing the PI, her research agenda, and request for student-athlete participants for her study. If the athletic contact was receptive to assisting with the research, Dr. Milroy sent the respective universities the PI's recruitment materials via email and asked them to disseminate the materials to student-athletes who play contact and individual sports. Ideally, this recruitment process helped expedite the athletic contacts' dissemination of the recruitment materials and increased student-athlete participation in this research study, given their ties to the athletic department. The PI then sent a follow up email to all participants selected for the study, and requested they complete/sign the online informed consent form. After receiving informed consent (Appendix C) from athletes who agreed to participate in the study, the PI randomly assigned each person a number and selected every third athlete to be a participant in the study (completed in an Excel spreadsheet) to reach a minimum of 8 participants. After recruitment, the

researcher had a total of 8 Division I athletes self-select into the study, 5 females and 3 males. Once the sample was finalized, the PI scheduled and sent all participants the main interview guide and a handout (with additional contextual information about the study) a week before their scheduled interview. The intention behind sending the main interview questions in advance was to allow the participants more time to thoughtfully consider messages they have received, and ideally elicit more accurate and meaningful reflections during the actual interview. Further, the handout (attached in Appendix D) provided additional helpful information about the purpose of the study, and provided examples of memorable messages to help participants how they differ from normal messages. The researcher included examples in the handout of memorable messages from a different context other than sport to avoid imposing any influences that might influence their responses during the interview.

Once the necessary consent materials were acquired, the PI scheduled a one-hour interview slot with the athletes on zoom conference, a user-friendly technology that has skype and recording capability, and does not require effort for the participants, as the researcher could send a direct URL link via email which participants used to join the online forum for the interview immediately. Before asking athletes any of the interview questions, the researcher reinforced confidentiality and informed consent guidelines before conducting the virtual interview on zoom, and confirmed whether they preferred the interview being audio or video recorded. Zoom conference has the capability to record the online interview, which was used to transcribe the interview. Given student-athletes have reported time as one of the greatest barriers for not receiving help

(Watson, 2005), the researcher decided to conduct online interviews to make it more convenient for athletes and expand the scope of athletes who could participate (removing geographic limitations). Further, athletes having the option to conduct an audio interview may have felt more confidential than meeting in person or doing a video interview.

Interview Protocol

Hill (2012) suggested including approximately eight to ten semi-structured interview questions as a manageable number to examine the phenomena being explored. She also suggested researchers use predominantly open-ended questions and probes, while also allowing space to ask follow up questions where necessary to clarify, deepen, or expand upon participants' responses in an effort to provide insight into their experiences. Hill stated that the interview protocol is guided by two main goals a) developing rapport with the participants and b) gathering consistent and idiosyncratic information from the participants about the phenomenon.

In line with Hill's (2012) recommendations, the first part of the interview protocol (Appendix E) included starting the interview with more general and less personal questions that were still related to the topic; this approach helped work towards building rapport between the interviewer and participant. The first few interview questions were aimed at gathering general information about what it means to be an athlete, how one's athlete identity has impacted his/her life, and how/if the participant sees stigma as being a problem that interferes with athletes' help-seeking behavior. The second part of the interview protocol transitioned into the main topic of interest. The researcher developed the next series of interview questions specifically exploring student-athletes' views of

seeking mental health services by examining messages they heard communicated in sport culture about seeking help, and if/how those messages have changed over time.

The final interview questions were geared towards asking participants about certain events and experiences they have had related to the phenomenon being studied, and explored beliefs, attitudes, and feelings that developed as a result of their experiences. These last set of interview questions included asking student-athletes about specific experiences when they received messages about seeking mental health services, the most significant sources who communicated the messages, and other relevant factors that influenced their help-seeking behaviors. The researcher utilized self-disclosure of her experience being a former student-athlete (in a question) to continue building rapport, and also provided an example that may help elicit a similar experience the participant may have had. It is advised that researchers take some notes during and immediately after the interview to keep the researcher engaged and to provide contextual and supplemental information when reviewing transcriptions of the interviews (Hill, 2012); the researcher followed these suggestions. Below is the interview guide that was created prior to adjustments made after completing the pilot study. The revised version of the interview guide is discussed in the following section discussing the pilot study results.

Initial Interview Guide

1. What does it mean to you to be an athlete? (core values)
2. How has your experience as an athlete influenced your life?

3. Of the messages you have heard about what it means to be an athlete, what has stuck with you the most? In what ways has that message affected you (good or bad)?
4. Researchers have found that *stigma* is one of the leading barriers to why athletes do not seek mental health services. What do you think about that?
5. How has your identity as an athlete influenced your perception of seeking help in general (family, friend, etc.)?
6. What messages do you think are communicated in “sport culture” that might perpetuate stigma towards athletes seeking mental health services?
7. How did those messages change over time in your athletic journey? How?
8. I remember when I suffered a shoulder injury that interfered with my being able to participate in the first half of my season my sophomore year. This injury took a serious emotional toll on me; however, I did not consider getting help from a mental health professional. Have you ever had an experience like that? Please describe.
9. Can you think of a specific event or experience of a strong message you received from a parent, coach, teammate, mass media, or culture that has influenced your perception of seeking help? If so, please explain.
10. Who in your life has influenced you the most, in terms of how you perceive mental health and seeking out support? How?
11. What other messages have you received as an athlete that influence whether your beliefs about mental health problems and/or whether you would seek a mental health provider in a difficult situation?

Pilot Study

The purpose of the pilot study was to test the integrity of the procedures and interview questions for participants in my main research study. The UNCG IRB office indicated that IRB approval was not necessary for the pilot study, based on the purpose of the study. The specific research questions for the pilot study were the following:

a) Are the interview questions clear? b) How is the flow and organization of the interview questions? c) Are the interview questions relevant to the main purpose of the study? At the end of the interview, the researcher also inquired about any other general feedback participants had about the interview process or other questions that could improve the study. The researcher recruited two former student-athletes (one male and one female) using purposive sampling (inviting people she knew in her former athletic network), and contacted them via email to request their participation in the study. The email included the purpose of the pilot study, time commitment (one-hour interview), and forum for the interview (Zoom). The first participant was female, 26 years old, and was a former Division I swimmer at The University of Arkansas. The second participant was male, 27 years old, and a former Division I swimmer at The University of Buffalo.

After getting consent that they were both willing to be participants in the study, the researcher scheduled a 1-hour interview time slot with each participant and emailed them both the main interview guide a week in advance. The researcher first conducted the interview with the female participant. Before the start of the interview, the researcher reiterated the purpose of the study, reminded her the interview would be recorded, and asked if she had any questions before the start of the interview. The researcher took some notes throughout the process. After the conclusion of the interview, the researcher asked the interviewee about the following: a) her general experience of the interview process; b) whether the questions were clear; c) whether the questions were well-organized and flowed; d) whether the content seemed to match the purpose of the study; and e) whether she had any other general feedback that could improve the study. The participant stated

she felt the interview had good flow and thought the content of the questions were relevant to the purpose of the study. She also stated that all the questions were clear except question 9: “Can you think of a specific event or experience of a strong message you received from a coach, teammate, mass media, or culture that has influenced your perception of seeking help? If so please explain.” The participant stated the question itself was clear, but was confused whether I was asking if she had received a strong message *within or outside of sport*. She also stated she felt like the questions did a nice job of building off of each-other, and leading into the next; however, she felt like some of the questions felt redundant towards the end. Other general feedback the participant provided included the following: a) it could have been helpful to have more information about the purpose of the study and what memorable messages were (examples) before the interview, and b) she might have had some difficulty identifying specific memorable messages because she has not been a student-athlete for over 6 years now (not currently her lived experience). Overall, the participant stated she felt the interview questions were interesting, comprehensive, clear, and easy to follow.

After conducting the first pilot study interview (and receiving feedback), the researcher created a handout with additional information about the purpose of the study and examples of memorable messages to see if it would improve the second participant’s understanding and ability to identify memorable messages. The researcher sent the main interview guide and this new handout a week in advance to the second male participant. Before the start of the interview, the researcher reiterated the purpose of the study, reminded him the interview would be recorded, and asked if he had any questions before

the start of the interview. The researcher conducted the hour interview and took some notes throughout the process. After the conclusion of the interview, the researcher asked the interviewee about the following: a) his general experience of the interview process; b) whether the questions were clear; c) whether the questions were well-organized and flowed; d) whether the content seemed to match the purpose of the study; e) whether the handout sent in advance helped his understanding of the purpose and memorable messages; and f) whether he had any other general feedback that could improve the study.

The participant stated how he enjoyed the overall experience, and thought the interview questions were clear, flowed well, and were meaningful. He also stated how he felt like the questions intentionally matched the declared purpose of the study. Additionally, he stated that the sequence of the questions did a nice job of leading into each other. He stated that having the additional handout in advance did increase his understanding of the purpose of the study and clarified the difference between a regular message and a memorable message. The participant stated it could have been helpful to have something specific on the handout about how this study is aimed at exploring and understanding stigma that exists among athletes towards seeking mental health services. Unlike the other female participant, this participant did not have trouble identifying specific memorable messages or events linked to when and how the messages were communicated.

Across both interviews, both participants appeared to find the interview guide to be clear, organized, and intentional/meaningful, and believed it coincided with the

purpose of the study. Based on their feedback, some adjustments were made. The additional handout for the second participant appeared to be helpful and was used in the main study. Additionally, based on feedback from the first participant that some of the interview questions felt redundant, the researcher removed questions 5 and 6, and added them as potential follow-up questions under question 4 if needed. The researcher also added follow up questions for question 9: “Can you think of a specific event or experience of a strong message you received from a parent, teammate, mass media, or culture that has influenced your perception of seeking mental health services?” This follow-up question helped specify the interviewer is interested if participants have received memorable messages in a *sport and/or non-sport context*. The revised interview guide had a total of nine questions instead of eleven. The last modification made based on the male participant’s feedback was to include a statement on the handout about the study’s connection to stigma. Based on the results, the researcher sent the informational handout (attached in Appendix D) and the main interview guide (attached in Appendix E) to the participants one week ahead of time for the main study.

Revised Interview Guide

1. What does it mean to you to be an athlete? (core values)
 - a. Positive and Negative traits or values?
2. How has your experience as an athlete influenced your life?
 - a. If answered positively, ask: “What drawbacks have there been to being an athlete?”
 - b. If answered negatively, ask: “What benefits have there been to being an athlete?”
3. Of the messages you have heard about what it means to be an athlete, what has stuck with you the most? In what ways has that message affected you (good or bad)?
 - a. What about good or bad messages related to seeking mental health services?

- b. How do you think athletes view mental health and getting help from a mental health professional as a whole?
 - i. What are your thoughts about professional athletes publicly speaking up about their mental health concerns and seeking mental health services (Michael Phelps and Kevin Love)?
 - c. What stressors do athletes experience that would warrant seeking professional psychological help?
- 4. Researchers have found that there are a variety of barriers that interfere with athletes not seeking mental health services (ex. stigma). What do you perceive as the main barriers?
 - a. Where (who) do you think the stigma comes from?
 - i. What messages are communicated in 'sport culture' that perpetuates this stigma?
 - ii. When did you first hear those messages?
 - b. How has your identity as an athlete influenced your perception of seeking help (generally and professionally)?
 - i. If you have sought help, how did you get to that point?
- 5. How did those messages change over time in your athletic journey? How?
 - a. What about any messages specifically related to mental health and/or seeking professional psychological help?
 - b. Can you provide an example? What did you think or feel about those messages?
- 6. I remember when I suffered a shoulder injury that interfered with my being able to participate in the first half of my season my sophomore year. This injury took a serious emotional toll on me; however, I did not consider getting help from a mental health professional. Have you ever had an experience like that? Please describe.
- 7. Can you think of a specific event or experience of a strong message you received from a parent, coach, teammate, mass media, or culture that has influenced your perception of seeking help? If so, please explain.
 - a. Within a sport environment
 - b. Outside of sports environment
- 8. Who in your life has influenced you the most, in terms of how you perceive mental health and seeking out support? How?
- 9. What other messages have you received as an athlete that influence whether your beliefs about mental health problems and/or whether you would seek a mental health provider in a difficult situation?

Data Analysis

The data analysis process followed Hill's (2012) CQR steps recommendations. Before the analysis began, the researcher had the interviews transcribed by a professional transcription service. Before sending the files to the transcription service, the researcher asked all professionals handling the data to sign an informed consent to ensure confidentiality for all participants. After receiving the transcriptions, the researcher deleted any identifying information to protect confidentiality and assigned a pseudonym for each participant. The researcher emphasized the importance of confidentiality with the research team before beginning the analysis of the transcripts, including keeping the recordings and transcriptions documents in a secure location, and discussing how pseudonyms would be used to maintain participants' anonymity. The researcher utilized one interview from the pilot study as a training tool with the team to help team members get comfortable with coding. After receiving the completed transcriptions of all interviews, the next step was for the research team to identify the domains.

The first step was for the research team to create a preliminary domain list based on the raw data of the transcribed interviews (Hill, 2012). The goal of identifying the domain list after completing the interviews was to see what broad themes naturally emerged from the data. Hill recommended starting with a broad domain list and being willing to collapse smaller domains that could potentially be classified as core ideas later in the research process. First, the team all read and reviewed one common interview, to ensure everyone was confident about the coding process for identifying domains. After each member of the research team individually identified the domains for the selected

interview, the research team met to discuss findings, and as a group come to a consensus on the domains. They repeated this process with additional common interviews until the domains stabilized. Then, the research team coded a common interview transcript (raw data) into the domains and meet to determine consensus. They repeated this process as needed until it was determined that team members were consistently applying the domain list to the interview content.

Next, each member of the primary research team was assigned a couple of interviews where they read first individually and applied the domains list, noting if any new domains emerged. These interviews were then reviewed by an internal auditor, another team member, to determine consensus around the coded domains. If any new domains emerged, previous interviews were recoded. As needed, the full research team met to achieve consensus regarding the domains list (Hill, 2012). The final domain list and coded interviews were then sent to an external auditor who read the materials and provided feedback for the research team to review. The research team met to discuss what feedback was incorporated in the domain categories.

After the domains were coded, the research team identified core ideas that summarized the essence of the participants' narrative within the domain categories (Hill, 2012). The goal of identifying core ideas was to condense and summarize the participants' narratives into a clear statement or phrase, while still staying close to the participants' words. The team started with an "easy" domain, per Hill (2012), and worked through a few common interviews to identify the core ideas and then met to compare their core idea lists to ensure accuracy of data and come to consensus on the core ideas.

When it appeared that the team was consistent in their writing of core ideas, the remaining interviews were assigned to individual team members. An internal auditor (another team member) reviewed the core ideas for each interview; as needed the team met to achieve consensus. The research team sent the finalized core ideas to the external auditor for review.

Once the finalized domain list and core ideas were established, the researchers performed a cross-analysis of all the data. Starting with an “easy” domain (Hill, 2012), the researchers reviewed the core ideas to identify common themes, or categories, that emerged across several cases. The research team then came back together and discussed final categories to reach consensus. This process was then followed for the core ideas in all the other domains. The auditor was involved throughout the cross-analysis process to assist the researchers in identifying meaningful categories that accurately represented the data.

The final step, after reviewing feedback from the auditor, involved determining frequencies, how many participants were represented within each category, and then applying CQR labels of general, typical, variant, or rare. *General* indicated all participants or all but one or two were represented in the category, *typical* indicated more than half of the participants up to the cutoff for general were represented in the category, *variant* indicated categories that at least two participants up to half of the participants, were represented and *rare* indicated only one case was represented in the category. This data analysis identified the most salient themes collectively across cases (Hill, 2012).

Limitations of the Study

Limitations of this study included having a small sample size, which limited the transferability of the results. Additionally, a potential limitation could be having a uniform sample in terms of race and/or gender that also could limit transferability of results. Another potential limitation of this study could be interviewing student-athletes via zoom, which could influence the depth or detail of responses; the researcher also will lack participants' non-verbal cues that could provide useful information. Participants who agree to participate in the study might also have had more positive perceptions of seeking help, which could skew the findings. Although the researcher tried to account for homogeneity by sampling student-athletes from Division I universities, all colleges have unique cultures and environments and thus unique stressors and strengths. Also, there could be limits in student-athletes' ability to either accurately recall memorable messages and/or be aware of the covert messages that influenced their perceptions of seeking help; these limitations could be a threat to the validity of the study. Although there are several limitations, this research helped deepen and expand upon the role communication plays in how athletes are socialized and how it impacts their help-seeking attitudes and behavior.

CHAPTER IV

RESULTS

Introduction of Findings

In the current study, the researcher explored messages student-athletes have received from influential sources that have influenced their perceptions of seeking mental health services. More specifically the researcher explored the following research questions in this study:

1. What memorable messages have student-athletes received that inform their perceptions of seeking mental health services?
2. Which sources who deliver the memorable messages have the greatest impact on student-athletes' attitudes and perceptions of seeking mental health services?

Participants included in this study were student-athletes who competed at any Division I school, played a contact or individual sport, and of any gender or year in school as long as they were actively eligible to play. The researcher asked the participants to complete a brief demographic survey, review an informational handout on memorable messages, in addition to a 1-hour virtual interview on Zoom conference which involved nine semi-structured interview questions with a series of follow-up question (modifications in Appendix G). Participants were given the main interview guide a week

before the interview to review. A description of the participant sample will be discussed, followed by the findings from the qualitative interviews.

Description of Sample

Participants were eight student-athletes from three different Division I universities across the country. Five of the eight participants self-identified as female and three as males. Five participants identified their race/ethnicity as Caucasian/White and three identified as Black/African American. Ages of participants ranged from 19-22 with an average age of 21. All eight of the participants identified as heterosexual. Six participants were Seniors and two were Sophomores in college. Five participants played an individual sport and three played a contact sport and the sport types included soccer, swimming, golf, and track and field. When the participants were asked about what role they played on the team, half of the student-athletes were captains, three were starters/active members, and one was a 2nd string player. The years the student-athletes have been playing in their sport competitively ranged from 7-16 years, with an average of approximately 11 years. A more detailed description of the participants' demographic information is presented below in Table 1 and Table 2:

Table 1. Demographics of Participants (Overview)

	Number of Participants	Percentage %
Age		
22	2	25%
21	4	50%
20	1	12.5%
19	1	12.5%
Gender		
Female	5	62.5%
Male	3	37.5%
Race/Ethnicity		
Black/African American	3	37.5%
Caucasian/White	5	62.5%
Sexual Orientation		
Heterosexual	8	100%
Year in College		
Senior	6	75%
Sophomore	2	25%

Sport Type	Contact	Individual	
Soccer	3		37.5%
Golf		2	25%
Swimming		2	25%
Track and Field		1	12.5%
<hr/> Role on Team			
Captain		3	37.5%
Starter/Active Member		4	50%
2 nd string		1	12.5%
<hr/>			
<hr/> Years in Competitive Sport			
15+		2	25%
10-15		2	25%
5-10		4	50%
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Table 2. Participant Student-Athlete Profiles

Participant Pseudonym	Race, Gender, Age	Sport Type	Sexuality	Year in college	Role on Team	Yrs in Sport
KY	Black/ African American Female, 21	Soccer	Heterosexual	Senior	Captain	16
PD	White, Female, 22	Soccer	Heterosexual	Senior	Starter	12
LR	White, Male, 20	Golf	Heterosexual	Sophomore	2 nd String	13
HA	White, Female, 21	Swimming	Heterosexual	Senior	Active Member	15
TS	White, Male, 19	Golf	Heterosexual	Sophomore	Starter	7
AS	Black/ African American Male, 21	Track & Field	Heterosexual	Senior	Captain	8
SW	White, Female, 22	Swimming	Heterosexual	Senior	Active Member	9
NC	Black/ African American Female, 21	Soccer	Heterosexual	Senior	Captain	9

Overview of Findings

The data analysis from the interviews conducted with eight student-athletes resulted in the development of five domains, and a sixth domain was created for data that did not fit into the other domains. The final list included the following domains: 1) Athlete Identity, 2) Factors that influence student-athletes seeking mental health services, 3) Memorable Messages/Experiences that have influenced athletes help-seeking behaviors, 4) Significant Sources of memorable messages, 5) Student-athletes' stories and stressors, and 6) Other. Domains three and four directly answer the original research questions. The remaining domains provide additional relevant findings that will better help understand the phenomena of athletes' help-seeking behaviors and how to better support their mental health. The domains are described and defined below in Table 3, with the accompanying categories that emerged within each domain described in Table 4. More in-depth descriptions, with illustrative quotes, are provided in the following sections.

Table 3. Domain Definitions

Athlete Identity	Values, Beliefs, Attitudes, and Norms characteristic of being an athlete
Factors that influence student-athletes seeking mental health services	Any factor that interferes or facilitates an athlete's likelihood of seeking mental health services
Memorable Messages/Experiences that have influenced student-athletes' help-seeking behaviors	Memorable messages that have informed a student-athlete's attitudes and/or behaviors towards seeking mental health services
Significant Sources of memorable messages	Influential sources who communicate the memorable messages to student-athletes
Student-athletes' stories and stressors	Student-athlete experiences and challenges

Table 4. Domains, Categories and Subcategories, Participants, and Frequency Labels

Domains	Categories & Subcategories	Participants	Frequency Labels
Athlete Identity	-Benefits of Being an athlete (a) Positive Values & Skills	KY, PD, LR, HA, TS, AS, SW, NC	General
	(b) Opportunities	KY, PD, LR, HA, TS, AS, SW, NC	General
	-Drawbacks of being an athlete		General
	(a) Harmful Values, Norms & Behaviors	KY, PD, LR, HA, TS, AS, SW, NC	General
	(b) Sacrifices	KY, PD, LR, HA, TS, AS, SW	Typical
	-There's more to life than sports	KY, PD, LR, HA, NC	Variant
	-Challenges of college transition	KY, PD, SW	
Factors that influence student-athletes seeking mental health services	-Barriers (a) Mental Health	KY, PD, LR, HA, TS, AS, SW	General
	(b) Logistical	KY, LR, HA, AS, SW	Typical
	(c) Athletic	KY, PD, LR, HA, TS, AS, SW, NC	General
	-Facilitators (a) Mental Health		General

	(b) Logistical	KY, PD, LR, HA, TS, AS, SW, NC KY, PD, AS, SW, NC KY, PD, LR, HA, TS, AS, SW, NC	Typical General
	(c) Athletic		
Memorable Messages/Experiences that have influenced student-athletes' help-seeking behaviors	-Positive	KY, PD, LR, HA, TS, AS, SW, NC	General
	-Negative	KY, PD, LR, HA, TS, AS, SW, NC	General
	-No message/Neutral	PD, LR, HA, SW	Typical
	-Age message received	KY, PD, LR, TS, AS, SW, NC	General
	-How message shifted over time	KY, PD, LR, HA, AS, NC	Typical
Significant Sources of memorable messages	-Coaches	KY, PD, LR, HA, TS, AS, SW, NC	General
	-Family	KY, PD, LR, HA, TS, AS, SW, NC	General
	-Teammates/Friends		Typical

	-Athletic personnel	KY, LR, HA, TS, AS, NC	Typical
	-Professional athletes/celebrities	KY, PD, LR, TS, AS, NC	Typical
	-University/College	LR, HA, TS, AS, SW	Typical
	-Social Media	LR, HA, AS, SW	Typical
	-NCAA	LR, HA, TS, AS	Variant
	-Song	PD, AS	Rare
		PD	
Student-athletes' stories and stressors	-Athlete stressors		
	(a) Physical/Practical	KY, PD, LR, HA, TS, AS, SW, NC	General
	(b) Mental/Emotional	KY, PD, LR, HA, TS, AS, SW, NC	General
	(c) Interpersonal	KY, PD, LR, HA, AS, NC	Typical
	(d) Academic	KY, PD, HA	Variant

	-Coping Strategies		General
	(a) Healthy	KY, PD, LR, HA, TS, AS, SW, NC	Typical
	(b) Unhealthy	KY, HA, TS, SW, NC	
	-Lessons Learned/Advice to other athletes		Typical
	(a) Mental health and Physical health are equally important	KY, HA, TS, AS, NC	Variant
	(b) Be happy outside of sports	LR, HA	
Other	-Gender norms in sport	LR	Rare
	-Specific sport types openness to mental health	TS	Rare

NOTE: Frequency Labels: *General*=7-8 participants, *Typical*=4-6 participants, *Variant*=2-3 participants, and *Rare*=1 participant

Main Domains and Categories

The researcher will first discuss the domains that directly answer the two main research questions, and then will discuss the remaining domains that provide additional findings in this research study. Domain three includes findings for research question one:

1. What memorable messages have student-athletes received that inform their perceptions of seeking mental health services?

Domain Three: Memorable Messages/Experiences That Have Influenced Student- Athletes' Help-Seeking Behaviors

Domain three identified specific messages and experiences that student-athletes had heard or encountered that positively, negatively, or did not impact their perceptions of seeking mental health services.

Positive Messages/Experiences

All eight of the participants described receiving positive messages or having positive experiences related to mental health/seeking mental health services over the course of their life. Most of the participants received messages were around “It’s ok to not be ok” or some variation of that message that they often received at home, athletic department (team room), or watching a teammate/friend or professional athlete seek help.

KY: So I talked to my advisor and she was just like, “You, know, it’s okay to need help sometimes.” She was like, “It’s fine to need to go somewhere to talk to someone.”

TS: My Dad has always told me “If you ever need help, don’t hesitate.” My coach now is always saying, “If you need help go get help. If there’s a problem it needs to be fixed and don’t hesitate to do it.” I think that has definitely stuck with me throughout. It makes me less afraid to go get help, especially after I went through that slump when I just kind of played simple swing fall, kind of let it go and didn’t think much of it. After that everybody, especially my coach now, always says “Go get help.”

NC: So, I’d say like at my house, we always say like, “It’s okay not to be okay,” let’s talk about it ,and then in the team room it’s always that conversation like, “What do you need right now?” Like, what’s going on? And then when I go home I’m always like talking about it, ‘cause I think it’s just an open conversation ‘cause, just like we have physical health, we have mental health and so, it’s something that needs to be exercised and taken care of, kinda like a muscle, like when a muscle gets weak you gotta pump her up so it can be strong.

AS: Fortunately at this school lately it has been some good messages where I have heard it's okay to be not okay. Or I've heard everyone has mental health, so that kind of like it's okay to not be okay...

Negative Messages/Experiences

All eight participants also discussed receiving negative messages or experiences that negatively informed their perceptions of mental health/seeking mental health services. The majority of negative messages student-athletes received were from coaches, teammates, social media, and parents. The most common negative messages revolved around stereotypes of those struggling with mental health concerns and norms of being an athlete (e.g., "It's in your head"; "You're weak if you need help"; "Athletes are supposed to be tough").

KY: I still think there's still that small portion that just don't feel like they need it [*support from mental health professionals*]. I feel like there's sometimes a stigma that, like, "Oh if you get help, like, you're just crazy." I feel like the biggest one is the idea of—like we talked about—of, like, being weak-minded or kind of, like, giving in or like giving up. I feel like a lot of people—or not a lot of people, but, like, some athletes think that way.

AS: I think one negative message, and it is a message that a lot of people hear, is "Everything is in your head." So, that can be whether you are dealing with an injury and the coach says, no, you are not injured, it is in your head. Well, at that point you are thinking to yourself, okay well am I crazy?

Participant SW discussed receiving indirect messages through how fellow teammates modeling never seeking help made them less likely to want to seek help:

But, it still always come back to like if my teammates can do this without getting help, I should be able to do this without getting help. And you don't want to feel

like you are not strong enough to do this sport that you dedicated like almost your whole life to. That is kind of how I would think of it. There also, like I said, I have gotten some great friends and mentors specifically from swimming. When you have a mentor, you look up to them and you want to be like them, and if they didn't seek out mental health services you want to be like, yeah, I want to be able to do this without seeking mental health too.

No Message/Neutral

Although all eight participants described receiving a positive and negative message related to mental health and seeking mental health services, half of the participants also stated having at least one significant source in their life that either did not communicate messages about mental health or were indifferent on the matter of seeking help. The main theme across most of the participants was an absence of messages or encouragement/support from coaches and family members across their athletic journey around seeking mental health services.

HA: We've never been encouraged to seek mental health services....there obviously are services, and we are aware there are services, but there is....like...our coaches are never, like, "Oh, if you are having a problem you should go see them" or, like, "I really think you should see them."

Participant SW discussed how mental health wasn't prioritized in family conversations:

As a family we didn't really talk about it [*mental health*] a lot. I knew that it was happening because my sister would say things like, the Dr. told me this today or stuff like that, but my parents never told me or sister never told me like, hey, I have anxiety and this is what it feels like and this is how I'm dealing with it and this is why I see the psychologist. I just kind of knew that it was happening. As I got older we kind of talked about it a little bit more but never extensively."

Age Message is Received

Seven of the participants noted the age in which they received the positive and/or negative message related to mental health/seeking mental health services. Six of the seven participants said they started receiving messages as early as elementary school and middle school, and one participant stated not hearing messages until high school. PD described the athletic norms that were ingrained from an early age:

PD: When we were old enough to run fitness [*elementary school*]. That would be like our first time, like I heard “You can push through it.” “Your mind is stronger than you think.” Those were the perfect circumstances to show that you can push through things.

TS: When I was little, maybe from watching TV or something. You hear either a coach or a player talking about “I’m not gonna quit” or “we’re not quitters” and stuff like that. You kind of hear it throughout and I guess that’s kind of where it stems from.

How Messages Shifted Over Time

Six of the participants discussed how the memorable messages they received around mental health/seeking mental health services shifted over time. All six participants described how the messages shifted to being more positive as they got older towards mental health/seeking mental health services.

LR: Once I got here [*college*] and saw all of these Division 1 athletes talking about things, it was then okay to talk about it. It was kind of the perception of the athlete that I wanted to be and I felt like I had to be a certain way to get there. Once I got here they were all struggling too. It was just like a sigh of relief, I guess.

LR also spoke about the impact the University had on destigmatizing his perception of mental health/seeking mental health services:

LR: Probably one of the biggest things, I can't remember exactly what week it was, but we have a mental health week for student athletes at the school. I got campus notifications all about it. It was just everywhere. It was all over social media. We were welcomed by the campus to mental health awareness week for student athletes. When I first saw it, I was like "What in the world is this?" I didn't even know this was a thing. Then I started reading up about it and it all seemed really interesting. There were all of these stories from different Division 1 athletes talking about and opening up about their mental health struggles.

Participant HA described how her nursing clinical work in her major shifted her perspective:

HA: I had a whole class on behavioral health, and I learned a whole ton in that class. I hated the clinical because I was terrified the entire time, but it really opened my eyes, and I remember, like, sitting down at dinner one time with a friend, and, like, we talked about how serious mental illness was for like two hours....just like, nonstop, about like how heartbreaking it was, like all the things we had seen, and like all these things, so I think that was like pivotal in my brain, like, oh, my gosh...this is something more serious than I ever thought it was, so that definitely had a role in how I view mental health in general, and, like, how I think or should seek help whenever you need it.

Domain Four: Significant Sources of Memorable Messages

The other domain that directly answered the researcher's original research questions is *Significant Sources of Memorable Messages*. This domain identified the most influential sources who communicated the memorable message to student-athletes. This domain addressed the second research question:

2.) Which sources who deliver the memorable messages have the greatest impact on student-athletes' attitudes and perceptions of seeking mental health services?

In summary, coaches and family were found to be the sources with the greatest impact on student-athletes' perceptions of seeking mental health services.

Teammates/friends, athletic personnel, and Professional athletes/celebrities were also noted by the majority of the participants to have an impact on them. Other sources discussed included University/College, social media, NCAA, and a song.

Coaches

All of the participants identified coaches as being an influential sender and source of both positive and negative messages. All participants discussed how coaches sent at least one positive message to them about mental health/seeking mental health services. Two of the participants also noted coaches sending negative messages, and one participant said her coach never sent messages that supported or discouraged them seeking help.

TS: My coach now is always saying "If you need help go get help." If there's a problem it needs to be fixed and don't hesitate to do it." I think that has definitely stuck with me throughout.

PD described mixed messages from her coach, and questioned whether he impacted her perception of seeking help more positively or negatively:

PD: My competitive soccer my coach was ahead of the time and was always checking in with like how are you doing, but it was a mental toughness course. I don't know if that was actually a good thing or a bad thing for me.

Another participant, SW, noted how their coaches never encouraged them to seek help, "Our coaches are never, like, 'Oh, if you are having a problem you should go see them' or, like, 'I really think you should see them.' "

Family

All eight of the participants described parents communicating positive and negative messages to them that influenced their perceptions of mental health/seeking mental health services. All of the participants stated they received mostly positive messages from their family, and only two of the participants noted receiving a mixed message (positive and negative) from a family member. The most common sources within the family included Parents, Mom, Dad, Sister, and Uncle. The mostly frequently cited communicator of messages from the participants family members included parents and dad.

KY: My parents are very...like, I'm very open with my parents—they've always kind of supported me in that sense [mental health] and would say, okay well if you need help, like, you know, you can talk to us or we can find someone that you can talk to, things like that.

NC: I think my sister [*has impacted me the most*] because she is a mental health major...what would this be....well she works with adults who are...have mental disorders, such as like bipolarism, schizophrenia and she works with them all day long and like helps them cope and find different strategies in order to help them go through day-to-day exercises in life without, you know, harming themselves or harming others and so, I was talking to her about some of the emotions I was feeling and she's like...she was like, "Just go, maybe just try talking to someone

else, just try talking to someone else and maybe see if you can get a different perspective.” And so, the more she said that the more I was like okay, well maybe. She’s like, “You just can’t...you can’t shut it off forever.” So she said to me, “You can’t stop it forever, you can’t shut it off forever.” So I think with that and we’re pretty close, I was like, okay, I’m just going to listen to her.

AS said his uncle always said there was no reason to be struggling,

AS: I would say my uncle [*has impacted me the most*] just because he struggled with mental health problems so much. He used to always remember the opportunities he had been afforded and he would say, I have no reason, I have no reason, I have no reason to be upset or sad.

Teammates/Friends

Six of the participants identified their teammates and friends as being a main source of the messages that have influenced their perceptions of mental health/seeking mental health services. Three of the six described receiving positive messages and the other three received negative messages from their teammates/friend.

NC: My best friend is also playing soccer as well at a collegiate level and she was also...she is also a captain and so she is feeling like the same thing. She was also telling me about how being captain she is getting frustrated because she’s like, “If I can’t perform in this way”...she’s like, “Why am I even a captain and how am I going to tell other people like where they should be and what they should do,” she’s like, “when I can’t do it myself.” And I was telling...I was like, “You have to take care of yourself” and she was like, “Well you do too.” So having that conversation and recognizing that maybe we did need a different scope on things and like...cause we’re very hard on ourselves. We decided like, “Okay, well let’s take care of ourselves and see if there’s a way that we can apply it to our role on the team that we’re on.”

SW talked about how she learned not to express her emotions:

SW: The main message was that I mentioned earlier from an upperclassman [*on swim team*] about like nobody cries in the sprint lane. So, the messages that I would have taken away from that is kind of like we don't cry here.

Athletic Personnel

Six of the participants discussed receiving messages from their athletic personnel and staff, including sport academic advisor, sport psychologist, athletic trainer, athletic director, and SAS (Student-Athlete Success) and athletic department. All the participants who stated they received messages from athletic personnel only received positive messages about mental health/seeking mental health services.

KY:...And just being able to seek help in general...um one of my academic advisors is super big on mental health, so we've had multiple speakers...even my coach has had...we've had sports psychologists and stuff like that. We've had terms where we've gone...I want to say it was, like, a whole quarter with...a sports psychologist and we were able to work on things like that. Um, right now we have mental fitness Monday's where one of our, um, onsite psychologists come in—and he's a sports psychologist—so you can go in on Mondays and spend an hour with him in a group setting and be able to just, like, work on mental fitness and things like that to give us ways to cope with our everyday lives that some people it can get overwhelming for them.

LR: I don't know if you're familiar with our SAS (Student Athlete Success) department. It's like the academic services program, like I have my weekly meeting with my athletic advisor and she has always just making sure everything is okay, just reinforcing the fact that you can talk about things, if something's wrong. I really like that a lot and I would say they've really helped me get through what I went through last year.

Professional Athletes/Celebrities

Five participants stated that professional athletes/celebrities communicated messages that influenced their perceptions of mental health/seeking mental health services. Most of the student-athletes discussed how these celebrities being open about their mental health struggles in the media had a positive impact on how they view mental health and seeking mental health services. Participant TS talked about admiring professional athletes who speak up about their struggles:

TS: The more you see athletes, especially famous ones, or good ones that you've heard about, the more you see those guys do it [*talk about mental health and seek help*] I think it helps others who are debating it. I think it will help them seek help. Personally, I like seeing them go get help. They're not scared to do it. If you need the help, then you need the help and you need to go get the help. I'm sure for them it probably takes courage because the whole world is going to know they're getting help. That could be detrimental to them, but they're brave enough to go ahead and go through with it because they probably really need the help.

SW: I do think it is really, really cool, really for anybody to like come forward and say that I have dealt with this and I handled it and it really helped me and I want that for other people. That is awesome. Especially when it's someone as iconic and successful as Michael Phelps. I see his posts about mental health on Instagram all the time. That makes it seem like it is super legitimate. I think that's absolutely helping advocate for getting help for when you're struggling mentally. I think it does make athletes more open to getting mental health. There is a process of getting people from being like open to it to actually doing it. So we are still kind of making our way to that point, but I think it's really cool and I think it will help.

Social Media

Four of the participants described how social media was another influential source that impacted their perceptions of mental health/seeking mental health services. Three of

the four participants noted the messages they received from social media were negative, and only one received positive messages.

AS: Obviously you see what the media portrays about “crazy” people and you don’t want to be associated with that term. So that message of it’s all in your head surely makes you think well is it in my head. What am I going to do about this.

HA: Well, I think.....I mean....like in social media and stuff....even like.....they are just like, she’s crazy, like, he’s crazy, like....I don’t know.

NCAA

Only two of the participants noted receiving messages from the NCAA (National Collegiate Athletic Association) that influenced their perceptions of mental health/seeking mental health services. Both of the participants described the messages communicated by the NCAA as being positive.

AS: One of the things our institution is really good at is one of the things I was talking with our athletic director about is, I really want to focus on mental health, and obviously the NCAA has mental health initiatives.

PD: Yeah. As far as like the stigma changing, I just don’t think it was talked about much in sports and then as we got into college with the NCAA who required education and things have really opened my eyes to it.

Song

Only one participant identified hearing a positive message about mental health/seeking mental health services from a song she heard. PD stated hearing an impactful song during a challenging transition from middle to high school:

PD: When I was going through the whole middle school/high school transition, was the first time I heard the saying, “It’s okay to not be okay.” Actually it was a song. I heard that and I was like, oh, right. Like when people say you feel that. That is so true. Recognizing in yourself when you are not okay, that’s a hard part too, but being able to have that be like a social message.

Additional Domains

As mentioned previously, the domains discussed above specifically addressed the researcher’s primary research questions. The remaining domains and findings identified in this study provide additional information that create insights into student-athletes’ attitudes and behaviors towards mental health and seeking mental health services. As stated above, the remaining domains that emerged include 1) Athlete Identity, 2) Factors that influence student-athletes seeking mental health services, 3) Student-athletes’ stories and stressors, and 4) Other.

Domain One: Athlete Identity

All of the eight participants discussed aspects of their athlete identity that impacted their life in positive and negative ways, and how it shaped their values that guide their attitudes and behaviors. The four main categories that emerged in this domain included 1) Benefits of being an athlete, 2) Drawbacks of being an athlete, 3) There’s more to life than sports, and 4) Challenges of college transition.

Benefits of Being an Athlete

All of the participants discussed benefits that were associated with being an athlete in their life. More specifically, across the participants there were two subcategories that emerged: 1) Positive Values and Skills and 2) Opportunities.

Positive Values and Skills

All eight of the participants described developing positive values and skills as a result of being an athlete. Some of the common values and skills participants discussed included being resilient, hard-working, developing healthy lifestyle habits and teamwork/leadership skills. Participant PD stated how being an athlete taught her how to be self-less, a team player, disciplined, and develop healthy habits:

PD: I think obviously being an athlete can promote a healthy lifestyle. In playing soccer I obviously had to be on a team so I am playing on something that is bigger than myself. Learning how to be a good teammate. Learning how to be a leader at times on the soccer and how to learn how to listen for the common goal. Those kind of principles that you can apply to almost anything in your life, and then the friendships that come along with and discipline. I think discipline is a big one. Because playing at the collegiate level you can't show up super unfit and expect to play. You have to be disciplined in almost every aspect of your life.

NC: I think the biggest thing for me is patience. I'd say the beginning of my journey, like I wasn't very patient at all and so I was like, I want it now and I want things to be right now, but I guess with what comes with this sport is that it's an every-day thing and not everything comes like right away. So, the ability to take my time, do things right and just consistently keep going after it, and the same things goes with like working with my teammates and understanding the different temperaments that they have and my ability to help them is another thing that I am able to like transfer out into like my other job and using different like social interactions in that way.

Opportunities

The other subcategory that emerged under benefits of being an athlete was opportunity. The opportunities the majority of the athletes were referring to were financial, social, and emotional such as getting a scholarship to play at a collegiate level,

immediate social network through their teammates, and ability to develop themselves as a person through overcoming adversity and failure.

AS: I think being an athlete it means opportunity. It is obviously a privilege to be an athlete at any level whether it's high school, college, professional. But, it creates opportunity. It allows for you to learn about yourself, learn about your environment, to kind of learn about life while playing a sport that you love.

LR: Being an athlete, it's taken me so many places in life. Obviously, I'm a collegiate athlete and I'm playing under a scholarship. It means a lot, just for everything, for your pride, for academics, just playing the sport that I love at a different level. It really great and it's prepared me for the future that I hope to succeed in.

Drawbacks of Being an Athlete

The second category that emerged under the *Athlete Identity* domain was drawbacks of being an athlete. The two subcategories identified were 1) Harmful Values, Norms and Behaviors, and 2) Sacrifices.

Harmful Values, Norms, and Behaviors

All eight of the participants noted harmful values, norms, and behaviors that resulted in the development of their athlete identity including pushing through pain (physically and mentally), being tough (not being weak), and having unrealistic expectations at times.

PD: The hard thing about being an athlete that I have experienced time and time again when I go to different summits is trying to explain our mentality can be so difficult to somebody who doesn't understand sports. Like trying to understand how you can play with a broken ankle. When everyone else would be in Urgent Care getting a cast. Like we do things that other people would be like, that's outrageous, why would you ever do that. So there the mental strength sometimes

can overstep what your body should be able to do, but I think especially competing at the elite level sometimes you are really flirting with the line of what can be healthy.

KY talked about the pressure to maintain their strong image:

KY: But I think it was me just being stubborn and being like, “Oh, I can’t be weak; I just gotta keep putting on a good face for everyone. I think the expectations for myself, especially going through college now, I’ve had to not lower them, but be more, just mindful of that it’s not going to be perfect every single time...

Sacrifices

The other subcategory that emerged under drawbacks of being an athlete was sacrifices. Seven of the participants described having to make sacrifices due to being an athlete that included inability to develop other parts of their identity, social activities, academic grades, and lack of self-care time.

SW: I would probably say just having the ability to, like, take that time with my friends and family, do some traveling I haven’t done before because swimming has always held me back from being able to travel, like, during the year and during the summers and everything; so just, yeah, I would say just not being able to spend the downtime I have with the people that I care about because I am always so busy and having to do so many things to make sure I have time to fit it all in.

KY talked about missing out on fun social activities:

KY:...Certain dances that in your life were going to coincide with tournaments, like, I didn’t go to some of those...being able to make a big social type of like...atmosphere outside of school wasn’t a big thing for me...

HA: I think a drawback would just be, like, I don't take the time to worry about myself and my own feelings because I am always worried about the happiness of other people or what I have to do next...like, the next thing in line....so I don't get to just reflect, and, like, sit back and relax and get myself ready to do the next thing because of the time.

There's More to Life Than Sports

Five of participants talked about the importance of creating a life outside of sports and maintaining a bigger picture perspective even in the midst of devoting the majority of their time and energy into being an athlete.

KY:...And then you kind of keep going, and then in college I feel like it's easy to kind of reach this, like, plateau of figuring out, okay, well, what am I doing, because there's so many things to do now. It's not just soccer and it's not just like playing sports and stuff like that, like now I am building a life. So I think taking a step back and realizing, like, there's more to me than just athletics...

PD: I think I was lucky because I have always been involved in leadership and stuff outside of sports, so I have kind of for myself created a second identity alongside what I have been doing in my athletic career. So I think that has helped me because I have created friendships with people that aren't just in the sports realm. I have been able to really balance that so I think my transition out of it won't be as devastating as I have seen it can be.

Challenges of College Transition

Three of the participants talked about the challenges that came with transitioning into college. The student-athletes discussed common concerns and difficulties that came along with becoming a college student including moving away from home for the first time, developing new relationships, and creating a schedule to maintain.

PD: Yeah, those are all things on top of being in a new environment, a new place, not at home, trying to figure out what to eat. All those can create kind of a perfect storm.

KY: Even just playing your first soccer game at college and looking into the stands and knowing your family might not be able to make it to that is so different than having them next to you on the sidelines during your club games growing up.

Domain Two: Factors that Influence Student-Athletes Seeking Mental Health Services

Domain two explored the factors that have impacted student-athletes likelihood of seeking mental health services, and was divided into two main categories: 1) Barriers and 2) Facilitators. The main categories were further allocated into three subcategories: a) Mental health b) Logistical, and c) Athletic across both barriers and facilitators.

Barriers

All of the participants noted experiencing some type of mental health, logistical, or athletic barrier that adversely influenced their attitudes and behaviors towards seeking mental health services.

Mental Health Barriers

Seven of the participants described some mental health barriers that have negatively shaped their attitude and behaviors towards seeking mental health services; these commonly included stigma (self and social), low mental health literacy, not perceiving they need help, counselors not understanding athletes' struggles, and preferring to seek informal support.

SW: I think the way that I perceive it is if I were in a situation where like I knew that seeking mental health help would be beneficial I might go, but I would still be reluctant to really just because I don't want to talk to people about my problems I guess is what it comes down to. Maybe I would be thinking I don't really want to deal with this, like hopefully it will just go away on its own, or like I want to be able to figure this out on my own, or coming back to the seeking informal support.

PD talked about the trust, understanding, and convenience of seeking informal versus professional support:

PD: I think I view more of like my friends and my parents as outlets. I think there are times when I probably could have benefitted to just talk it out, but I think it's easier because when you talk to someone who knows your history behind things, like know why you might be frustrated by your not playing. I must say there is fear of someone looking at you like you're being selfish. Like I'm upset I'm not playing, you know. That seems like someone on the outside it might seem like a selfish thought, you know. It's like if you go and see someone you don't want to try to have to explain to them why you might be thinking the way you do because of sports, you know.

HA: I would definitely say stigma is one [*barrier*]. I think, I mean people throw around the words, like, crazy and psycho, and, like, all these things, and those are hurtful words and people that actually are suffering from mental illness, like mental illness is no different than any other illness, and it's an illness that needs to be treated, and, like, taken day by day to get better, and I don't think people really understand what mental illness is....so, I think, um, education for sure about mental illness is needed...

Logistical Barriers

Five of the participants discussed experiencing logistical barriers such as time, money, and/or access that often interfere with athletes' ability to seek mental health services.

PD: We have a program where our sports psychologist, like our cross campus personnel, he comes now and does Meditation Mondays, and he like talks us through how to meditate but then he is also available for an hour following the class for just a drop-in hour and anyone can go. That is really beneficial because I think it makes it more accessible. Before it was like, oh, you have to go find it across campus, to find this. If you have something going on and no one was ever doing that unless it was like superior serious and you couldn't avoid it. I think just making the conversation, making things more "normal" because he is more around so he is available to talk.

KY talked about time restrictions that interfere with getting help:

KY: You-we have practice say, for example, my schedule Monday, Wednesday, Friday was I would have...I would start practice at 12, so I need to be in the locker room by 11:30 so I can start getting ready. I need to eat lunch by, say like 10 so that I can have time to digest. Then I get out weights at 3. Then I might have class at 4. Then I need to eat dinner at 5. I need to study at whatever time. Tuesday, Thursday I have practice from 9 to 11. Then you have classes, like, stuff like that and being able to figure out—okay, well if I need help will...I don't have the time to do that.

Athletic Barriers

All eight participants described encountering some type of athletic barrier that commonly included unhealthy sport norms, lack of support from coaches/teammates, and fear of breach of confidentiality (losing their playing status on the team). KY discussed the ingrained sport norms that deters athletes from seeking help: "Negatively, I would say just the idea of some people thinking that [*seeking mental health services*] is being weak I think is the biggest one [*barrier*]."

SW: One of them [*barriers to seeking help*] was it basically comes down to feeling like you have to be mentally tough enough for your sport compared and teammates.

PD: I think from what I've heard and seen, I think one of the biggest things is like, oh, if I go get help are they going to take me out. Are they going to tell my coach and then my coach is going to look at me differently. I think that has been the biggest one that I have heard time and time again. Because if something is wrong with me to the point that the doctor thinks is extensive, they are going to say I can't play anymore or stuff like that. That would be my biggest applying to athletics.

Facilitators

All of the participants noted experiencing some type of mental health, logistical, or athletic facilitator that positively influenced their attitudes and behaviors towards seeking mental health services.

Mental Health Facilitators

Eight of the participants discussed mental health facilitating factors that positively influenced their attitudes and behaviors towards seeking mental health services, including education on mental health, support from athletic and informal sources, having a prior positive experience seeking help, and a mental health professional being a former athlete.

LR: Going back to my story, my opinions formed mainly from the stigmas that I thought of, of Division I athletes. I felt I would disappoint people if I acted like it was a weakness of mine, like mental health. My parents have always been super supportive. Everybody around me has been very supportive and basically let me know you can talk about things if it's not okay which made a difference.

KY talked about mental health education and informal support being a significant factor:

KY: So I think being able to build just...I don't even know—like being able to work with those and get the skill sets and the techniques to be able to deal with [*mental health concerns*] those is the biggest thing, so I think our academic advisor and the onsite-onsite psychologist that we have and some of the coaches have made

that a big part of our lives because they know that it's...very common for a lot of athletes to have these issues...

SW: I would probably be way more open to [*seek mental health services*] if I knew that they had also been a Division I athlete, for sure."

Logistical Facilitators

Five of the participants described the main logistical facilitative factor that positively influenced their behaviors towards seeking mental health services. These included having more access to mental health support and resources, and financial support.

KY: I think that's the biggest transition too is that the resources are just so much more available and in your face to where you know exactly where to go—at least for my school, like, I know where I need to go if I needed the help.

NC: We do. So we have a sport psychologist who runs our Mental Fitness Mondays actually, and we have him for an hour on like Mondays and then he has like drop-in hours that anybody can go to after the Mental Fitness Monday is over. So he is like always on hand on Mondays and then if we need any further services we can always contact the office and they can get us in.

AS said in reference to financial support:

AS: I think the most important piece of it is making it a priority just as physical health is a priority. The umbrella phrase of it, and under that obviously more financing for it, more recognition for it. Just to help it become normalized that it be prioritized.

Athletic Facilitators

Eight of the participants identified some common athletic facilitating factors that positively influenced their attitudes and behaviors towards seeking mental health services. These included supportive athletic personnel, teammates, and family; professional athletes self-disclosure; and more frequent and open conversations about mental health. AS talked about a former college athlete's (who committed suicide) parents talking to the athletes at their school about the importance of mental health:

AS: So we ended up having the Hilinski family because they are local come and talk to all of us student athletes about their son and how they didn't know he was struggling, and they actually shared with us that he dropped his roommate off at therapy every week but he was the one who actually needed to go. So, the idea of going as an athlete is not very big and not very prevalent but for us to hear that at our school, it's so crazy. Our numbers of people who started to go see our mental health professional went up immediately.

TS: Instead of being like that you need to be a real friend and say, "Hey man, I'm glad to see you're getting help," and encourage them to get help and be supportive of them when they do. I think that would definitely help [*athletes seek mental health services*] for sure.

LR: The more you see athletes, especially famous ones, or good ones that you've heard about, you know who they are and what they do, the more you see those guys do it [*seek mental health services*] I think it helps others who are debating it. I think it will help them maybe go seek their help. Personally, I like seeing them go get help. They're not scared to do it. If you need the help, then you need the help and you need to go get the help.

Domain Five: Student-Athletes' Stories and Stressors

The final domain that will be discussed is *Student-athletes' stories and stressors* that encompasses unique challenges, experiences, and stressors they have encountered

while being an athlete. There were three main categories that emerged within this domain: 1) Athlete stressors, 2) Coping strategies, and 3) Lessons learned/advice to other athletes.

Athlete Stressors

The subcategories that surfaced within athlete stressors were a) Physical/Practical, b) Mental/Emotional, c) Interpersonal, and d) Academic. This category illuminated the unique stressors that athletes often face during their journey as a student-athlete.

Physical/Practical Stressors

All of the participants reported experiencing physical/practical stressors due to being an athlete. More specifically, the majority of the participants noted how the main physical/practical stressors included injuries, burnout, losing their starting player status, and loss of funding.

AS: My coach benched me. I wasn't running. We had this very hard conversation at the end of the year where he mentioned to me, well, dude, you're on athletic aid now because I had bought an athletic aid the previous year, but you are not performing well and you have disappointed me this year. What is going on? I honestly couldn't tell him what was going on because I didn't know. I didn't know why physically my body wasn't doing what it needed to do like the year before.

LR: I can say, within sport wise, the freshman year of high school I injured both my arms at the same time. I had to sit out a month and it was right before golf season started. Then two summers ago I injured my back and I had to sit out of competition for probably two to three weeks.

SW stated, in regards to feeling burnt out:

SW: I have gone through phases of like coping with the shoulder thing, so there's that. But also, just phases of burnout which every swimmer is familiar with at different times. Maybe like my senior year of high school, kind of coming to the end of a certain set of time like that four years of swimming. Getting toward the end of that I was getting super tired and thinking like, oh my gosh I'm going to do another four years, are you kidding me. And then a couple of different times throughout college dealing with burnout when it is just like the last thing you want to do is go to a 6:00 a.m. practice or go to practice at all. And you are like, why the heck am I still swimming. This is like hurting my body so much. I think those were probably times where I was feeling down about swimming and handling everything else at the same time like school, and I probably could have sought out help and I probably really should have but I didn't.

Mental/Emotional Stressors

Eight of the participants discussed experiencing mental/emotional stressors as an athlete. Some of the frequent mental/emotional stressors identified were transitioning out of sport, high expectations/pressure to perform, sports becoming your job, protecting your image, and dealing with failures.

LR: It was awful [*being in a slump*]. I would just constantly sit there and think "What's wrong with me, what happened?" It was so hard because I was going to tournaments. When I used to go to tournaments thinking I can win this thing. I'd go out there and just play solid and I really didn't have to worry about it. I mean you always have your bad rounds, but I wasn't as worried about it as much until I went through my slump. I was going out there "God I hope I don't play bad." During that slump it was just the way it was because I knew my swing was not where it needed to be. I knew I was in a slump. I was worried. I was going to go out there and shoot a really, really bad number, which probably caused me to shoot some worse numbers than what I should have. It definitely hurt me mentally.

KY said, in regards to stress/pressure to perform to fight for a starting position:

KY: It's not like at your official visit they're going to be like, "Yeah, we only need 11 on the field, so there's a small possibility you're not going to play." They're not going to tell you that on your meeting. So I think just that has been the biggest one in dealing with not being the best player on the team is also a big thing.

PD: I would say like I talked about, the progression of playing college athletics. When you start playing it is like this is all for fun, right. You are going to play 5 other sports and it is just for fun. And then you play competitive soccer and it is like it is a little more serious. You have to show up for practice twice a week and perform because that's how you win games. But when you get to college it is like way more heightened because it becomes tied to the fact that your performance is also your job. There are all these other extra things so I think it just becomes more and more mentally challenging.

Interpersonal Stressors

Six of the participants described experiencing interpersonal stressors due to difficulties dealing with some teammates, coaches, and parents.

KY: I think also dealing with coaches and your teammates—having that many personalities like, for, example, my team this year had 37 girls on the roster. Thirty-seven girls in one locker room with 37 different personalities—girls redshirting, girls not playing as many minutes as they think should play, girls playing too many minutes compared to what someone thinks they should be playing—stuff like that...just being able to deal with the adversities that come with being a college athlete I think a lot of people don't realize.

NC described her coach's frustration with not being able to play due to an injury:

NC: But on top of that [*being injured*], I had to deal with my coach's frustration which isn't something that people usually talk about, but my coach was like "You are our starting outside backer, what do you mean you are not going to play?" And I was like, I got injured. This is not my fault. So it is hard because it

becomes almost like you are getting blamed for not being able to play and that is out of your control.

Academic Stressors

Three of the participants disclosed dealing with academic stressors specifically around the stress of potentially losing their academic eligibility to play their sport if they failed to maintain good grades.

PD:...I think you add school and tying academic requirements to athletic performance. Some people have never had to deal with that. Like saying that they will be ineligible if they don't meet a certain GPA. That can be a stressor because school is not for everyone.

Coping Strategies

Coping strategies is the second category under *Student-athletes' stories and stressors* that examined how student-athletes coped with the unique physical/practical, academic, mental/emotional, interpersonal, and academic stressors they faced. The two subcategories that emerged included a) Healthy Coping Strategies and b) Unhealthy Coping Strategies

Healthy Coping Strategies

All eight of the participants identified some healthy coping strategies they used to manage their stress, most commonly including their talking to informal supports (family, friends, teammates, coach and athletic staff). Some other healthy coping strategies the athletes discussed included positive self-talk, spirituality, self-help apps,

meditation/visualization, finding new hobbies, and in more rare cases sought out support from a mental health professional.

KY: So I think that was a really bad time that I realize, like, I need to do something. For me, I didn't go to a therapist—which I could've, I definitely could've. But I think my advisor was the outlet for me. So I think I have been able to get through a lot of my things through the informal support because my family was so close to me and I was so close with my advisors and my roommates that also played soccer were there for me...so I think having those little support systems was what made me be able to get through those situations.

LR talked about the importance of spirituality in coping:

LR: Once I really started getting back to my roots, I guess you could say, that's when I really started getting better. Once I got help I just started talking through things. It made me really realize what makes me happy and so I started doing a lot of praying. I started talking to a lot of people. I started going back to church. It just helped me so much, just for me personally it's kind of a comfort thing, I guess. for me. That was really big.

AS talked about how seeing a mental health professional helped him cope:

AS: I just went and talked to our mental health professional. You guys are really good at bringing up things that we didn't even know was an actual issue in our lives. I was able to just address a lot of my insecurities and it was the expectations that I had on myself. You don't have to do it but you get to do it and you want to do it. So, change your mindset around that. The moment I started doing all of that is when I started changing.

Unhealthy Coping Strategies

Five of the participants disclosed utilizing unhealthy coping strategies when they encountered challenges as athletes. These often included pushing through it, doing nothing, distracting themselves, and/or burying their emotions.

NC: I needed to get my stuff done, I needed to do well in school, I needed to do well on the field in order to just keep the cycle going, so I feel like I grew up very quickly during that time and then I think that's where I kinda started to bury the emotions of things, so that's the way I decided to cope with things.

SW talked about how she did not identify or implement any ways to cope because she did not know what to do. "That is really a good question. I don't think I did a lot [*implement coping strategies*] really to try to fix the burnout really because I didn't know how to help it."

Lessons Learned/Advice to Other Athletes

The final category under the domain *Student-athletes stories and stressors* was lessons learned/advice to other athletes. These responses explored what athletes had learned through their unique experiences. Two subcategories emerged including: a) Mental health and Physical health are equally important and b) Be happy outside of sports.

Mental Health and Physical Health are Equally Important

Five participants that fell in this category discussed the importance of mental health, and how addressing both physical and mental health would improve athletic performance and overall wellness.

KY: It's so easy to just consider that as one...where I think the switch for me was realizing that that's two different things, like, I have to take care of myself and give my fullest effort to my mental health, to eating correctly and stuff like that, because I know that's only going to help me being an athlete.

NC talked about the benefits of addressing one's emotional health as an athlete:

Yeah, and then when you are emotionally stable you end up playing your lights out because you're in a better place, in a better mindset instead of as opposed to if you're like stressed out or if you are going down like what I call like "the cycle." It's different when you're playing in that cycle as opposed to being like "fresh mind, like easy breasy, you're good" like you're on better that way.

Be Happy Outside of Sport

Two participants discussed the importance of prioritizing their happiness in life over being an athlete.

HA: I definitely would tell them [*other athletes*] not to be afraid to get help...like, nobody is going to look at you or judge you because you are getting help....so many people in the program have gotten help before, so it is nothing new and nobody is going to look at you any differently, and if it helps you and makes you happy, like at the end of the day, that's all that matters, so you have to do what you need to do; and if it's getting help, then that's 100% the right thing to do.

Participant LR says, "You have to be happy away from your sport. You can make yourself happy, just in life in general, I think you should be good."

Domain Six: Other

The final domain, '*Other*,' was created for any data that did not fit in the other domains previously mentioned. The two categories that emerged within the *Other* domain included 1) Gender norms in sport and 2) Specific sport teams' openness to mental health.

Gender Norms in Sports

One participant discussed how he does not perceive gender roles/norms to play a significant role in terms of how it influences athletes' attitudes and behaviors towards mental health/seeking mental health services.

LR: Probably back in the day it [*mental health perceptions*] was probably more or less about gender maybe but from my experiences I would say it's more or less an athlete/nonathlete thing, which I think says something about where I'm from. I'm from pretty conservative, traditional values, I guess you could say, what not. I think that says a lot about today's generation now. Gender roles are getting a lot better, I would say. I think pretty much everywhere is getting better too.

Specific Sport Teams' Openness to Mental Health

One participant discussed how he perceived certain sport types as being more predisposed and accepting of addressing mental health issues because of its important role in being successful in their sport and thus reduced stigma around talking about it.

TS: Realizing that the mental game is such a big part of it. It seems like there's that other teammates kind of realize that as well so maybe there's less stigma around getting help or talking to someone about your mental game, because it's so important and crucial for your specific sport [*referring to golf*].

Summary of Findings

In summary, after conducting the CQR data analysis of the eight interviews the researcher developed five domains, the sixth domain created for the data that did not fit into the other domains. The six domains identified messages and experiences student athletes received and experienced throughout their athletic journey, specifically related to their perceptions about seeking mental health services: 1) Athlete Identity, 2) Factors that

influence student-athletes seeking mental health services, 3) Memorable Messages/Experiences that have influenced athletes help-seeking behaviors, 4) Significant Sources of memorable messages, 5) Student-athletes' stories and stressors, and 6) Other. Each domain will be explored more in depth below.

CHAPTER V

CONCLUSION

Introduction of Discussion

Watson (2005) found that student-athletes have more negative attitudes towards seeking help than their non-athlete peers, and are less likely to seek help from a mental health professional. Researchers also have identified that stigma is one of the leading barriers that deters student-athletes from seeking mental health services (Lopez & Levy, 2010; Watson, 2006). There is a paucity of research, however, that has identified what memorable messages athletes receive and how those messages influence their attitudes and behaviors towards mental health and seeking mental health services. To address this gap, the purpose of this current study was to expand our knowledge of memorable messages student-athletes have received from significant sources in their lives to better understand how those messages have influenced their attitudes and behaviors towards mental health and seeking mental health services.

Consensual Qualitative Research (CQR) was utilized in this study to deepen understanding and analysis of student-athletes' unique experiences that have informed their attitudes and behaviors towards seeking help. Only three previous researchers have examined the role communication plays in how athletes are socialized to think, act, and behave; however, none have examined how memorable messages have impacted student-athletes' attitudes and behaviors towards mental health and seeking mental health

services. This study sought to expand this body of knowledge by also identifying memorable messages as well as who the significant sources were, with an emphasis on understanding how the messages influenced student-athletes help-seeking behaviors. In this chapter, the researcher will discuss the findings, implications for practice, limitations of this study, and directions for future research.

Overview of Findings

This study included interviews with eight student-athletes from Division I Universities across the country regarding their experiences of hearing messages related to mental health and seeking mental health services. As previously stated, five domains emerged from this study: 1) Athlete Identity, 2) Factors that influence student-athletes seeking mental health services, 3) Memorable Messages/Experiences that have influenced athletes help-seeking behaviors, 4) Significant Sources of memorable messages, and 5) Student-athletes' stories and stressors. A sixth domain 'Other' was created for any data that did not fit in the previous domains. Domains three and four directly answered the primary research questions for this study. The other domains were additional, contextual findings related to participants' experiences of being athletes, factors that impede or facilitate them seeking help, and their unique struggles and stories. Each domain contained between two to nine categories, and two to four subcategories. The frequency labels assigned to each category and subcategory based on the similarities in experience were *general*, *typical*, *variant*, and *rare* in line with Hill's (2012) recommendations. For the two domains that directly answered the research questions

(three and four), there were five *general* categories and seven *typical* categories indicating there were commonalities in the memorable messages received and significant sources who communicated them. Across the remaining domains there were six general categories and eleven typical categories. The primary research questions are presented below:

- 1.) What memorable messages have student-athletes received that inform their perceptions of seeking mental health services?
- 2.) Which sources who deliver the memorable messages have the greatest impact on student-athletes' attitudes and perceptions of seeking mental health services?

Discussion of Findings

The researcher will first discuss the findings related to the domains (three and four) that directly answered the primary research questions for this study. The overall findings within these two domains indicated commonalities across participants in relation to receiving positive and negative memorable messages related to mental health/seeking mental health services, significant sources who communicate the messages, and the impact the messages had on their help-seeking behaviors. The objective of CQR research is to use frequencies as a way to generate themes and patterns across student-athletes experiences (Hill, 2012). Again, across domains three and four there were five *general* categories and seven *typical* subcategories.

Domain Three: Memorable Messages/Experiences That Have Influenced Student-Athletes' Help-Seeking Behaviors

Positive Messages/Experiences

Positive messages were one of the most common categories that emerged, as all eight participants mentioned receiving one or more positive messages about mental health/seeking mental health services that positively influenced their perceptions of seeking mental health services. Further, it is important to note that overall the frequency of positive messages athletes received related to seeking help was significantly higher than negative messages. This finding coincides with those from studies previously discussed that also found most of the memorable messages athletes received in sports were prosocial/positive (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). Although almost all of the participants identified positive messages they have received, most of the participants also identified a positive event or experience that positively impacted their perceptions of seeking mental health services that will also be discussed.

As mentioned above, one of the major themes in the positive messages that emerged in the study across all eight participants was someone telling them “It’s ok to not be ok” or a similar variation of that message. Other similar messages mentioned by participants were, “It’s ok to need help sometimes” and “It’s ok to need help and take care of yourself.” The majority of the participants also received a positive message around it being ok to seek mental health services. Some of those messages included, “It’s ok to reach out if you need help”; “Go get help if you need it”; “If the college transition is too hard here are some resources where you can get help”; “It’s ok to get help if you’re

going through a tough time”; and “If you need to go see somebody, we can get you in with somebody.” Although the majority of these messages generally encouraged athletes to seek help, they rarely specified it being ok to seek mental health services. This finding brings into question whether sources not explicitly encouraging athletes to seek professional help versus informal support could interfere with athletes’ openness to getting professional support.

The context in which many of these positive messages were communicated to the student-athletes compared their physical and mental health, stating they both deserve equal attention and care. Further, senders of the messages often noted how, when athletes address and get support for their mental health concerns, this action would ultimately improve their physical performance in their sport. Previous researchers have noted athletes were more open to talking with a sport psychologist/sports consultant about their mental health within the context of their performance and physical health because it felt less threatening (Brown et al., 2014). It seems that the senders of the messages used physical health as the gateway to talk about mental health with student-athletes that helped normalize conversations around mental health and improved their openness, receptivity, and intention to take care of their mental health. Additionally, it appeared that athletes’ acknowledging the link between mental and physical health further legitimized and prioritized addressing their mental health given its impact on their performance.

Six of the participants specifically discussed notable events that positively informed their perceptions of mental health and seeking help: Mental health awareness

week, Mental fitness Monday's, team meetings, mental health advocate/speaking engagement, SAAC (Student Athlete Advisory Committee) meetings, and NCAA trainings. A commonality across all of these events was there being frequent conversations about the prevalence of mental health concerns among athletes, coping strategies to manage stress, and informal conversations about the unique struggles associated with being an athlete that predisposes them to mental health concerns. Other researchers also have identified unique challenges and stressors that athletes experience compared to their nonathlete peers that warrant specialized support (Beauchemin, 2012; Brown et al., 2014; Parham, 1993; Valentine & Taub, 1999). Four of the participants in this study were all from the same University, and three out of the four noted attending 'Mental fitness Monday's' led by their sport psychologist every week was a memorable event that positively influenced their perceptions of seeking mental health services. TS and SW were two participants that did not identify a positive event related to mental health or seeking help, and both athletes played an individual sport and both had a higher frequency of negative messages than the other participants in the study.

In addition to the positive messages and events described above, student-athletes also discussed personal experiences that positively influenced their perceptions of mental health and seeking mental health services. Six of the participants discussed personal experiences: seeking counseling, assisting a friend to seek professional help, speaking with teammates about common athlete struggles, ministry/small groups, talking with sister who is a mental health professional, and completing a nursing clinical experience.

Similar to the events the participant discussed above, having these personal encounters related to mental health ultimately appeared to improve their mental health literacy around how common mental health concerns were through discussing shared experiences, experiencing professional support, and demystifying the process of getting professional help. Another theme that emerged across athletes talking about these personal experiences was how having trust and safety in these varying circumstances was what enabled them to be open, receptive, and improve their perception of mental health and seeking help. Athletes establishing trust and safety with a mental health professional has been validated in other research as being an essential component in improving their help-seeking behaviors, especially given the fear of breach of confidentiality that could threaten their eligibility status and loss of respect from coaches and teammates (Brown et al., 2014; Lopez & Levy, 2010).

Overall, all of the participants who discussed these positive messages and experiences noted how both generally improved their attitudes and beliefs towards mental health and seeking mental health services. All of the participants described how these messages and experiences improved their mental health knowledge, self-awareness, and perspective and thus helped normalize mental health concerns among athletes, introduce adaptive coping strategies, and provide insight into the importance of prioritizing self-care. The majority of participants also noted how hearing about their fellow teammates' struggles and having open conversations about their mental health concerns significantly improved their attitudes towards mental health and seeking mental health services.

Conversely, two participants, SW and TS, received negative messages from teammates about mental health/seeking help that negatively informed their attitudes towards seeking mental health services. Not surprisingly, this finding supports former research that one of the most significant barriers to athletes not seeking help is due to lack of support from peers and teammates (Lopez & Levy, 2010; Watson, 2006)

All of the participants described these positive messages and experiences improving their overall attitudes towards mental health and seeking mental health services. However, out of the eight participants who stated receiving positive messages, only two of them had actually sought out mental health services; the rest sought out informal support when they were struggling. This finding supports previous research indicating athletes prefer to seek informal support over professional support due to convenience and trust (Watson, 2006). The two participants who actually sought counseling were NC and AS, who were both captains of their sport teams, seniors, Black/African American, and athletes at the same University. Both of these athletes talked about how supportive their teammates and entire athletic department were at their school in fostering their mental health, and how influential it was in informing their perceptions of mental health/seeking mental health services. Researchers have identified how student-athletes who perceive their teammates and coaches supporting their mental health are more likely to have positive perceptions towards seeking mental health services (Gulliver et al., 2012). These findings point to a potential discrepancy that

athletes can have positive attitudes, beliefs, and perceptions of mental health and seeking mental health services, but that does not always equate to taking action to seeking help.

Negative Messages/Experiences

All eight participants described at some point either hearing a negative message or having a negative experience related to mental health or seeking mental health services. As mentioned previously, the frequency of negative messages in comparison to positive messages were lower. The most common negative messages that athletes heard or experienced were tied to unhealthy norms and standards associated with being an athlete. Examples of these types of messages included “It’s in your head”; “You’re weak if you need help”; “Athletes are supposed to be tough”; “If you get help you’re crazy”; “Suck it up”; “No pain, no gain”; “You can’t quit”; “I’m weak if I can’t solve my problems on my own.” Previous researchers have identified similar negative messages that emerged for athletes associated with sport culture norms and messages that socialize athletes on how think, act, and behave. Cranmer and Myers (2017) identified some negative memorable messages that student-athletes received in sports prior to attending college such as, “You’ll never be good enough to make it as a Division-1 college athlete.” Other researchers have also identified some potentially harmful messages athletes have received in sports including, “Practice makes perfect”; “Pain is temporary”; and “Leave it all on the field” (Kassing & Pappas, 2007; Starcher, 2015). All eight of the participants described how the negative messages have informed their ideas of what it means to be an athlete, and that needing help can often “threaten” your status as being a “real” athlete.

Participants with the highest frequency of negative message or experiences related to mental health and seeking mental health services were TS, SW, and HA. All three of these athletes play an individual sport, two swimmers and one golfer. This finding might suggest there are aspects of being an athlete who participates in an individual sport that make them more susceptible to having negative perceptions of seeking mental health services. One postulation is that athletes who participate in individual sports experience a level of independence and self-reliance that perhaps is not as prevalent for athletes who play team sports; therefore, these athletes might feel more pressure to “keep struggles to themselves” and/or work through it independently. Previous researchers have found that athletes who participate in individual sports are more prone to experiencing depressive symptoms and have a higher self-attribution of failure when they lose or perform poorly (Nixdorf et al., 2016). The possibility of notable differences in athletes’ experiences depending on their sport type should be further explored to see if there are differences regarding perceptions of mental health and seeking help.

Another theme that emerged among six of the participants in negative messages they have received was surrounding learning how to deal and manage problems on their own. One participant (TS) specifically noted that athletes seeking mental health services makes you look like “less” of an athlete to other teammates and coaches because you could not “deal with it.” Participant AS also stated how athletes are expected to be “strong, durable, and physical” and seeking help can negate that. HA described how due to the high expectations required of student-athletes that athletes will often “keep their

problems to themselves” to avoid being perceived as weak. In a similar vein, participants KY and HA specifically talked about how these messages and norms of “keeping it together” increases the pressure that athletes need to maintain an image that they are “mentally stable” and can work through their problems on their own. Additionally, participants also noted the role teammates play in encouraging or discouraging seeking help.

SW: When you have a swimmer mentor or friend you look up them and want to be like them, and if they didn’t seek out mental health you want to be like, yeah, I want to be able to do this without seeking mental health too.

Another participant reinforced this point by talking about how growing up she did not perceive any elite athlete to have mental health struggles, and if they did she thought they dealt with it on their own. This finding points to how powerful modeling and image portrayal is in terms of athletes’ view mental health and seeking mental health services. Five of the participants discussed how violation of athlete norms, and specifically seeking professional help, can result in consequences that mainly include losing respect and trust from teammates and coaches, and fear of losing starting status on their team; the latter has been cited in previous research as being a barrier to athletes seeking help (Browne et al., 2014; Gulliver et al., 2012).

No Message/Neutral

Although all eight participants described receiving both a positive and negative message related to mental health and seeking mental health services, half of the

participants also stated having at least one significant source in their life that either did not communicate messages about mental health or were indifferent on the matter of seeking help. Participant PD and SW described how their family was never “against” supporting their mental health, but that they were also never encouraged to seek mental health services if they were struggling. Participant LR and HA discussed how they were never encouraged to seek mental health services by their coaches in high school and college, and for both cases neither of their coaches ever talked about the importance of mental health or seeking help. For all four participants it appeared that not receiving messages one way or the other did not worsen their perceptions of seeking; however, it resulted in them not prioritizing or focusing on addressing their mental health because it was not something that was valued. In some ways participants receiving negative messages and receiving no messages ultimately had a similar effect, in that not seeking help was either intentionally dismissed due to stigma or unintentionally dismissed due to not perceiving mental health to be a priority. This finding points to the detriment of athletes not hearing positive messages or having experiences that educate and illuminate the importance of addressing mental health and seeking mental health services.

Age Message Was Received

Seven of the participants discussed how young they were when they started hearing positive and negative messages about mental health and seeking mental health services. Six of the participants said they remember hearing messages in elementary and middle school, and one participant said he did not start hearing any messages until high

school. This reinforces a previous researcher's findings (Starcher, 2015) that athletes start receiving memorable messages at a young age when playing sports. This study specifically found these messages athletes received at a young age influenced their attitudes and behaviors towards seeking help and in other areas of their lives. This finding also supports former research in validating that athletes are socialized into sport culture at a young age (Starcher 2015; Turman, 2007); participants explicitly identified the impact these messages and norms have had on their attitudes and behaviors towards seeking mental health services. This finding also provides insight into why for many athletes it is difficult to change their attitudes towards mental health and openness to seeking professional support, given the many negative messages and norms ingrained in them from a young age. Further, this also suggests how important it is to begin instilling positive and normative messages about mental health and seeking help in athletes at the youth level to help counterbalance some unhealthy norms in sports that deter athletes from seeking professional help.

How Message Shifted Over Time

Six of the participants discussed how the messages they received about mental health/seeking mental health services shifted over time as they got older. Everyone stated how the messages generally shifted over time to being more positive about addressing mental health and seeking mental health services. For some of the participants, the shift went from mental health not being directly discussed or addressed in their families or sport teams growing up to hearing positive messages. For other participants, the shift was

going from receiving mostly negative messages to more positive over time. All six participants did discuss how the shift in hearing mostly positive messages predominantly happened once they got to college, where mental health was talked about and resources were presented to them more readily. Another factor that was mentioned by participants was how part of the shift occurred not only in the messages received but also in their perceptions of mental health and seeking help due to increasing levels of stress and pressure they experienced the older they got, that has been reinforced in other studies (Brown et al., 2014; Doherty et al., 2016; Watson & Kissinger, 2007).

Domain Four: Significant Sources of Memorable Messages

Overall, participants discussed nine sources that sent the memorable messages that had the most influence over their perceptions of mental health and seeking mental health services. To reiterate, all eight participants noted the most significant sources that communicated the messages were coaches and family members. The second most influential sources sending the messages were teammates/friends and athletic personnel, as six of the participants described receiving impactful messages from them. The next most common sources were professional athletes/celebrities, University/College, social media, and then the NCAA and a song.

Coaches

All eight participants identified their coaches as being an impactful source. All eight described receiving a positive message from at least one coach growing up about mental health/seeking help. Only three participants, PD, AS and TS, stated they heard a

negative message from a coach about mental health and seeking help. This finding that coaches are one of the most influential sources is supported in one of the other main studies that examined memorable messages among Division 1 athletes (Cranmer & Myers, 2017). It is not surprising coaches were described as being one of the most influential sources in this study due to the amount of time spent with them, and in some cases even more time with coaches than their own families, especially once they got to college. Further, athletes often have a significant amount of respect for their coaches that translates into their having a considerable influence on athletes' attitudes, beliefs, and behaviors. Among all participants who stated they received a positive message from their coach about mental health or seeking help, the theme around the messages was a general support and openness to discuss mental health concerns and provide support or help them get the support they needed. The three participants who described hearing negative messages from coaches were both rooted around unhealthy sport norms such as "We're not quitters" and "It's all in your head", and having their athletes participate in a 'Mental toughness' course. The three participants who described coaches' negative messages were not explicitly discouraging them from addressing their mental health and getting help; however, the messages reinforced norms of what it means to be an athlete that ultimately could deter athletes from seeking mental health services. This finding might provide insight into how significant of a role communication plays in how athletes are being socialized to think and behave, and how that transfers over into other areas

of their lives. Overall, it is encouraging to see that all of the participants had received positive messages about mental health from one of the most significant sources.

Family

Family was the other most significant source found in this study, as all eight participants discussed receiving messages about mental health and seeking help from someone in their family. The most significant sources identified by the participants were parents and fathers. Other sources that were mentioned as being influential sources in their families were mom, sister, and uncle. All three of the previous studies that have examined messages athletes have received in sports also found that athletes' parents and father were significant sources who sent the messages and influenced the athletes' lives (Cranmer & Myers, 2017; Starcher, 2015; Turman, 2007). However, this is the first study that has identified parents and fathers as being the most significant sources related to communicating messages about mental health and seeking mental health services. All of the participants who received messages from their parents about mental health and seeking help in this study received all positive messages. The majority of the participants who described their father as being the most significant source received positive messages; however, there was one who described receiving a negative message from her father. Similar to the 'negative' messages communicated by coaches above, it is important to note the 'negative' message sent by the participant's father was not explicitly discouraging her from seeking support from mental health services but reinforcing unhealthy sport norms. The participant's father said:

After I had a bad game my dad my dad said to me "Are you going to be a shark or guppy?"...Because if you're going to be a guppy you're not going to make it, you have to be a shark that communicated I need to be tough. He was like, "You know, there's guppies all around, like they're all out there, but if you're going to just be a guppy, you're not going to make it, like, you've got to be a shark out there."

This theme also emerged from another participant's uncle who would always say to the athlete, "I have no reason to not be happy, I have no reason." Again, nothing in this message is overtly wrong, yet the schema that this message reinforces is the need to be mentally tough and resilient, and minimizes athlete struggles. It is important to note that all the messages received from all the family members were positive, except from a father and uncle. Given both of these sources were men, it is important to consider how masculinity norms might be informing their attitudes, beliefs, and behaviors towards seeking help that they pass on to future generations (Starcher, 2015; Steinfeldt et al., 2011).

The two participants who stated their sisters were significant sources noted both sisters were engaged in addressing or learning about their mental health. More specifically, one of the participant's sister was a mental health major in school who talked about the important of mental health and addressing emotions, and the other sister had been in therapy for her own mental health issues for many years. This finding points to how beneficial it is for athletes to engage with people who have knowledge about mental health and/or have prior experience dealing with mental health struggles

in therapy. Both participants described how their sisters played a large role in shifting their perceptions of mental health and seeking mental health services.

Teammates/Friends

Six of the participants described teammates/friends as being an influential source who communicated messages about mental health and seeking help. Four participants described receiving positive messages from their friends, and two stated receiving negative messages. Previous researchers have found that *Public stigma* that is generated by teammates/friends is one of the greatest barriers and why student-athletes have negative perceptions towards seeking help, as there is significant fear of losing teammates respect (Vogel et al., 2007). Therefore, this finding that most of the participants received positive messages is encouraging as it suggests perhaps stigma towards mental health among teammates is diminishing. The theme around the positive messages revolved around their teammates disclosing their own mental health struggles, therapy experiences, and/or supporting the participants to get help if they need it.

The negative messages received by two of the teammates (TS and SW), both of whom play individual sports, also revolved around reinforcing sport norms and expectations associated with being an athlete such as “We don’t cry in the sprint lane” and “If you quit, you are giving up.” Again, these negative messages sent by teammates are similar to the ones coaches and family members communicated. This finding further reinforces how important it is to consider the potentially harmful values and expectations communicated in sports that impacts athletes’ help-seeking behaviors.

Athletic Personnel

Six of the participants described receiving positive messages from athletic personnel surrounding mental health and seeking mental health services. More specifically, sources within athletic staff the participants described as being influential were athletic academic advisors, sport psychologist, athletic trainer, athletic director, athletic department, and mental health advocates. Across participants, they discussed how the messages and experiences they had with supportive athletic personnel included them providing education about mental health, informal support, and offering strategies to address and cope with their mental health concerns. Many of the participants discussed how impactful being in an athletic department that supports their mental health was on being more open and willing to seek help. Participants also discussed how beneficial it was in having these sources around frequently; that helped develop trust and increase accessibility to get support, a finding supported by other research (Brown et al., 2014).

Professional Athletes/Celebrities

Five of the participants stated hearing messages from professional athletes/celebrities that influenced their perceptions of seeking mental health services. All five of the participants described hearing only positive messages from professional athletes regarding mental health and seeking help. The influential messages were professional athletes/celebrities self-disclosing about their own mental health concerns and how they sought professional help to cope. Participants talked about how

normalizing hearing those messages from professional athletes were, and how they debunked some of the myths that athletes do not struggle or seek professional help. This source seemed to target some of the negative messages athletes had received from different sources, in the sense that these professional athletes were redefining what it means to be an athlete from a healthier and more realistic lens that was encouraging to athletes.

University/College

Four of the participants talked about their University/College being a significant source related to mental health and seeking mental health services. More specifically, within the University three of participants discussed how professors, a mental health awareness campaign, and experiences as a student in the nursing school were significant sources at their college. One participant broadly spoke about his University as a whole being intentional about promoting and prioritizing mental health for students. These participants spoke about how across all these unique experiences they were exposed to education, knowledge, and resources about mental health and where and how to seek out support if they needed it. This source appeared to be significant in increasing the participants' mental health literacy by making them more aware, receptive, and willing to seek out mental health services in the future. Increasing athletes' mental health literacy has also been noted as one of the most significant facilitative factors to improve athletes' attitudes and behaviors towards seeking mental health services (Gulliver et al., 2012).

Social Media

Four of the participants noted social media as being a significant source. Three of the four participants stated receiving negative messages from social media about mental health and seeking mental health services. The two main themes that emerged from messages the participants heard on social media were around stereotypes of people with mental illness, for example thinking they are “Crazy, psycho, and unstable” and only “Crazy people go to therapy.” Another concern an athlete discussed was how, due to social media, there is no privacy or confidentiality regarding athletes’ mental health concerns, and how news going “viral” can discourage other athletes from opening up. Conversely, one participant described how hearing positive messages from social media, specifically from professional and elite athletes who spoke up about their mental health concerns, worked toward destigmatizing athletes seeking professional help.

NCAA

Only two participants talked about the NCAA being a significant source in influencing their perceptions of seeking help. The two participants talked about the NCAA being a positive source given the required mental health trainings that increased their knowledge and awareness of mental health issues among athletes. However, given the NCAA provides a mandatory mental health training for all collegiate athletes, one might think this would be a more significant source for participants in terms of influencing their perceptions of mental health and seeking help. If the NCAA is in fact

actually implementing these trainings in all athletic departments across the country, what does the content and discourse of the trainings entail?

Song

One participant, PD mentioned a significant source being a song they heard growing up where the chorus was “It’s ok to not be ok.” The participant described hearing this song in middle school, and it being a message that has always stuck with her as she has gotten older, and positively impacted her perceptions and willing to seeking help if she needed it.

Theory of Planned Behavior Application (TPB)

The framework for this study that helped explain student-athletes’ helping seeking behaviors was Theory of Planned behavior (TPB). All three components of the TPB model - *attitudes*, *subjective norms*, and *perceived behavioral control* - were discussed among the student-athlete participants as influencing their perceptions of seeking mental health services. Factors that informed student-athletes’ *attitudes*, *subjective norms*, and *perceived behavioral control* in this study coincided with previous researchers’ findings including the following: self-stigma, lack of knowledge/awareness, uncertainty around whether mental health professionals will understand athletes’ struggles, uncertainty around whether there will be beneficial outcomes from seeking help, public stigma, sport ethic/culture, time, access, and confidentiality (Brown et al., 2014; Coakley 1993; Gulliver et al., 2018; Hughes & Coakley, 1991; Lopez & Levy, 2010; Marx et al., 2008; Moreland et al., 2018; Vogel et al., 2007; Watson 2005; Watson 2006). The two

components of the TPB model that were mostly frequently discussed among the participants as impacting their perceptions towards seeking mental health services were *attitudes* and *subjective norms*.

As previously discussed, this model previously has been used to examine college students' help-seeking behaviors, but never specifically the behaviors of student-athletes. Previous researchers who have quantitatively tested the TPB model found *attitudes* to be the most significant predictor of college students' seeking mental health services. However, the findings in this study suggest that, while attitudes are an important component in improving athletes' perceptions of mental health, in this case it was not enough to encourage the majority of the participants to actually engage in the behavior of seeking mental health services. All the participants described receiving positive messages about seeking mental health services, but these were oftentimes overshadowed by negative messages received that were embedded in their athlete identity and sport norms. Based on the two athletes who actually sought out mental health services, they described *subjective norms* informed by teammates and athletic personnel as being the most influential factor in their actually seeking professional help. For example, both participants who sought counseling spoke about having generally positive attitudes towards seeking help based on the environment they grew up in; however, they also described how learning that their coaches and teammates supported them seeking professional help led to actually executing the behavior. Sport ethic/culture has been cited in previous research findings as being a main contributor in informing athletes' *subjective*

norms towards seeking mental health services (Brown et al., 2014; Coakley 1993; Hughes & Coakley, 1991; Marx et al., 2008; Moreland et al., 2018). This finding warrants further investigation into exploring the role *subjective norms* plays in influencing student-athletes' attitudes and behaviors towards seeking mental health services. Overall, these findings suggest that all three components in the TPB model are relevant in understanding student-athletes' help-seeking behaviors.

Additional Findings

Three additional domains emerged, in addition to an 'Other' domain, that provided more information that provide insight into unique stressors associated with being an athlete and additional factors that influence student-athletes' perceptions of seeking mental health services. The three additional domains were: 1) Athlete identity, 2) Factors that influence student-athletes seeking mental health services, 3) Student-athletes stories and stressors, and 'Other.' Across the remaining domains there were seven *general* categories and eleven *typical* categories. The researcher will provide an overview and discuss the main findings across these domains.

Domain One: Athlete Identity

All of the participants discussed aspects of their athlete identity, that were divided up into the following categories: 1) Benefits of being an athlete, 2) Drawbacks of being an athlete, 3) There's more to life than sports, and 4) Challenges of college transitions.

Benefits of Being an Athlete

All of the participants described several different benefits of being an athlete.

Two subcategories that emerged within benefits included a) Positive values and skills and b) Opportunities.

Positive Values and Skills

All eight participants discussed positive values and skills they learned/gained from being an athlete. A summary of the positive values athletes mentioned included the following: Teamwork, perseverance, determination, hard-work, goal-oriented, accountability, striving for excellence, resilience, selflessness, discipline, confidence, patience, bravery, commitment, competitiveness, and grit. Although all of these were discussed in different ways, the most common values included teamwork, hard-work, striving for excellence, and resilience. The most common skills discussed among participants included the following: Social skills, leadership skills, organizational/time management skills, healthy lifestyle habits, and maintaining perspective. Results of several studies also reinforced these benefits mentioned above of being an athlete (Brewer et al., 1993, Brown et al., 2014; Coakley, 1993; Parham, 1993; Ryan, Gayles & Bell, 2018 Valentine & Taub, 1999). One of the most notable aspects of these positive values and skills athlete talked about was how these values and skills transferred over into every aspect of their life, making them as more well-rounded and successful person in general.

Opportunities

All eight participants also discussed unique opportunities that received from being an athlete, including the following: Access to a large social network, academic/athletic scholarship, support resources, role model/star on campus, and constant physical and mental growth. Participants largely talked about how privileged they felt in establishing relationships that last a lifetime, getting their college paid for by a scholarship, and having opportunities to continue growing as an athlete and person. Interestingly, although being a role-model to others was identified as being a benefit, it was also described as adding pressure and stress to ‘protect’ their image and “have it together.” Cranmer and Myers (2017) also identified *opportunities* as being one of the predominant topics that emerged in regards to memorable messages athletes received prior to attending college. Memorable messages athletes in that study heard related to opportunities athletes had as a collegiate athlete included the following: developing lifelong relationships, memories, social network, scholarship to pay for college, being a role-model, and having more doors open in their future careers due to their student-athlete status (Cranmer & Myers, 2017).

Drawbacks of Being an Athlete

All of the participants also noted several different drawbacks of being an athlete. Two subcategories that emerged within benefits included a) Harmful Values, Norms, and Behaviors and b) Sacrifices.

Harmful Values, Norms, and Behaviors

All eight participants also mentioned some common harmful values, norms, and behaviors they acquired being an athlete, including the following: high expectations, (academically, physically, socially, and mentally), perfectionism, resilience, difficulty expressing emotions, and identity foreclosure. Participants unanimously discussed the high expectations and standards required of them as athletes, including being physically and mentally tough, feeling pressure to perform well physically, ability to handle stress, being a leader, and being strong for other teammates (Brown et al., 2014; Ryan, Gayles, & Bell, 2018). Captains of their sport teams appeared to have an extra layer of pressure given their leadership position; they described how important it was to model exceptional performance academically and physically, manage their emotions, and support their teammates.

Sacrifices

Seven of the participants discussed sacrifices they had to make due to being an athlete: Not having a “normal” college experience, lack of time to engage in social activities, lack of time to develop other parts of their identity, inability to develop social relationships (outside of teammates), constantly pushing themselves physically and mentally to be successful, career/academic opportunities, flexibility in their schedule, academic grades, lack of time for self-care, time with family, friends, traveling, and downtime. Several other researchers have also found athletes feeling like they made similar sacrifices due to time, energy, and commitment required to play their sport and be

successful (Brown et al., 2014; Ryan, Gayles & Bell, 2018; Sundgot-Borgen & Torstveit, 2004; Watson, 2006). One of the most important themes that emerged across the participants was, as they progressed in their sport and the older they got, the more sacrifices they were required to make. In a similar vein, another commonality that emerged was that the older they got and the more elite level they played, the more their sport transitioned from being ‘fun’ to being more ‘like a job.’

There’s More to Life Than Sports

Five participants talked about the importance of developing a life outside of sports. Participants predominantly discussed how the longer and more advanced in their sport they were, the more they realized the importance of creating a balanced life where they intentionally develop other parts of themselves. Four of the five participants are seniors in college, and it appeared that, as they were getting closer to transitioning out of their sport, this played a significant factor in increasing awareness and urgency around developing and prioritizing other parts of their life other than being an athlete. Previous researchers have reported how challenging and mentally taxing the transition out of sports is for most athletes due to terminating of an identity that has been so prominent throughout most of their life (Brown et al., 2014; Wooten, 1994). Part of what helped a few participants intentionally develop other parts of their identity to prepare for the transition were family and academic support figures encouraging their growth in other areas of their lives throughout their athletic journey. For example, KY said her academic advisor asked:

KY: If you have to describe yourself as a person, but not use any type of, like, athletic or physical traits, how would you explain who you are as a person?” And I was like, “Uh, I’ll have to take a couple of minutes ‘cause I don’t really know how to do that right now.” Also she asked questions like “Who are you, what values do you have aside from just playing soccer, or being able to run fast, or lift the most weights, or...” They were like, “If you went into an interview and they asked you the traits that you have, like, what are you going to say? And how are you going to relate it to as if you never played sports?”

These findings point to the importance of encouraging athletes at a young age to facilitate and foster other parts of their identities, other than being an athlete, that could help ease the anxiety-provoking transition out of sports that many of the participants fear.

Challenges of College Transition

Three of the participants talked about the challenges associated with the transition into college. Developmentally, researchers have discussed how all college students encounter struggles as they are transitioning to college including being away from home, developing new relationships, developing their own identity, and establishing a schedule and habits (Brown et al., 2014; Etzel, 2007; Fletcher et al., 2012; Ryan, Gayles, & Bell, 2018). Participants mostly described those common developmental stressors, but a couple also talked about unique challenges associated with transitioning into collegiate athletics, including assimilation to coach and teammates, fighting for starting position, and disillusionment with not being the star of the team anymore. This finding provides insight into understanding that it is equally important to provide support for athletes’ normal developmental struggles associated with becoming a college student, in addition to supporting their unique athlete stressors.

Domain Two: Factors That Influence Student-Athletes Seeking Mental Health Services

The factors that influence student-athletes' seeking mental health services domain was broken into two main categories 1) Barriers and 2) Facilitators, both being further divided into the following subcategories, a) *Mental health barriers/facilitators*, b) *Logistical barriers/facilitators*, and c) *Athletic barriers/facilitators*.

Barriers

All participants described barriers that interfere with student-athletes seeking mental health services. More specifically, all eight participants noted there being *athletic barriers*, seven stated there were *mental health barriers*, and five said there were *logistical barriers* that interfered with athletes seeking mental health services.

The *mental health barriers* that the participants mentioned interfered with seeking mental health services included the following: Lack of mental health literacy, mental health professional not understanding athlete concerns, fear of breach of confidentiality (loss of playing status), stigma, and not knowing if counseling would be beneficial. Lack of knowledge about mental health literacy and stigma were the most frequently cited mental health barriers among the participants. A few of the athletes talked about how they perceived lack of knowledge related to mental health and seeking help as being a significant contributor to the stigma that exists. This finding is also supported by previous research previously discussed above (Gulliver et al., 2012). Common *logistical barriers* that athletes identified were lack of time, money, and access, which is also supported by

previous researchers' findings that lack of time was one of the greatest barriers to student-athletes seeking help (Watson, 2005).

Lastly, common *athletic barriers* that were discussed among the participants included the following: sport culture norms, lack of support from athletic personnel, and lack of support from teammates. Athletes not seeking help out of fear of their coaches and teammates not approving has also been supported in previous research, pointing to how significant public stigma is in forming athletes' attitudes and behaviors towards seeking professional help (Vogel et al., 2007; Watson, 2006). It is important to note that *athletic barriers* were the mostly commonly cited barriers among the participants related to seeking mental health services. This finding is important because it sheds insight into the unique role *athlete identity* plays in informing athletes' attitudes and behaviors towards seeking mental health services. This also reinforces previous findings about how athletes being socialized into sports can introduce norms, messages, and values that can be harmful, specifically related to their help-seeking behavior (Cranmer & Myers, 2017; Kassing & Pappas, 2007; Starcher, 2015; Turman, 2007).

Facilitators

All of the participants noted facilitating factors that have increased their likelihood of seeking mental health services. As mentioned above, the facilitating factors were broken into three subcategories: *mental health*, *logistical*, and *athletic facilitators*. All eight participants identified *mental health* and *athletic* facilitating factors, and five

identified *logistical factors* that have influenced their perceptions of seeking mental health services.

The most commonly discussed *mental health* facilitating factors included education on mental health, professionals having a sports background, supportive informal network, and positive prior experience seeking help. Different educational sources that increased their knowledge about mental health and seeking help were sport psychologists, nursing clinical experiences, athletic academic advisor, mental health campaigns and speakers, social media, student-athlete advisory committees, and NCAA trainings. A few participants also talked about teammates, family, or friends who talked about their experiences related to seeking professional help or struggles with mental health concerns that increased their knowledge and openness to seeking help. The main *logistical facilitators* participants mentioned included having access to an in-house sport psychologist or mental health professional. Three participants who are student-athletes at the same college, AS, NC, and PD, talked about how having their sport psychologist frequently around and conducting weekly ‘Mental Fitness Mondays’ made them more open to talking about mental health concerns and seeking professional help. *Athletic facilitators* that emerged across participants included supportive athletic personnel and teammates, professional athletes’ mental health advocacy, and conversations about mental health in athletic setting. An important theme across these main facilitators was the integration and acceptance of mental health in the athletic realm that was created through more dialogue and support around mental health.

These facilitating factors also seem to be a vital step in working towards de-stigmatizing athletes attitudes towards seeking help, and could help restructure sport norms around prioritizing both physical and mental health.

Domain Five: Student-Athletes' Stories and Stressors

This domain explored the participants' unique experiences and stressors associated with being an athlete. This domain was broken up in three main categories: 1) Athlete stressors, 2) Coping strategies, and 3) Lessons learned/advice to other athletes.

Athlete Stressors

All eight participants identified unique stressors that are present due to their athlete identity. The stressors that emerged were divided into four different stressor subcategories, including a) Physical/Practical b) Mental/Emotional, c) Interpersonal ,and d) Academic. The most frequently noted stressors among the participants were physical/practical and mental (cited by all eight athletes), followed by six participants discussing interpersonal stressors, and three discussing academic stressors.

The main *physical/practical stressors* mentioned included injuries, burnout, losing starting status/playing time, eating healthy, and loss of funding. Injuries were described as being the largest stressors and all eight participants described having some type of injury, whether small or large, due to playing their sport. Injuries, burnout, and fear of losing their starting position have previously been cited as being common athlete stressors (Ryan, Gayles, & Bell, 2018). Frequent *mental/emotional* stressors for these student-athletes included transitioning into and out of sport, dealing with high

expectations, viewing sport as their job, dual roles, maintaining image, and experiencing a slump or plateau in their performance. These mental stressors identified coincided with many of the drawbacks the athletes discussed in being an athlete, most notably managing high expectations that filters in the pressure they feel to “excel and be successful” in all areas of their lives on and off the field, which can create a significant amount of stress and anxiety.

Six of the participants talked about *interpersonal stressors* associated with being an athlete, including dealing with a variety of strong personalities, fighting for starting positions, trusting their coaches’ process of how to be successful, and headbutting with coaches due to performance, injury, or team decisions. AS and NC talked about coaches who were challenging to deal with due to their coaches’ disappointment and frustration with them around being injured that resulted in their having a poor performance. The main *academic stressors* noted by three of the participants were having limited time to dedicate to academics due to their schedules and pressure to get good grades to maintain academic eligibility to play.

Coping Strategies

All of the participants talked about coping strategies they implemented during challenges and stressful times they encountered as an athlete. Two subcategories that emerged were: 1) Healthy Coping Strategies and 2) Unhealthy Coping strategies. Eight of the participants discussed healthy coping strategies and five participants unhealthy coping

strategies. Although all eight identified using healthy coping, over half also talked about other experiences they did not utilize healthy strategies.

The most common *healthy coping strategy* that all the athletes emphasized was getting informal support from family, friends, coaches, teammates, and athletic personnel when they were struggling. Other researchers have also validated that athletes' main preference for seeking support and coping is talking with informal support figures (Brown et al, 2014; Gulliver et al., 2012; Watson, 2006). Some other healthy strategies noted were seeking counseling, yoga, hobbies (other sports), visualization, self-help apps, positive self-talk, and spirituality. The five participants who identified *unhealthy coping strategies* mainly described pushing through the struggles on their own, distracting themselves, and burying their emotions. Interestingly, of those stating engaging in unhealthy coping strategies, SW, TS, and HA were athletes who participate in individual sports. The unhealthy coping strategies described all appeared to be rooted in norms and values associated with being an athlete, such as being tough, pushing through pain, being resilient, and dealing with struggles on your own. The theme surrounding the unhealthy coping mechanisms is athletes not doing anything. This inaction of implementing coping strategies could be influenced by sport norms and lack of knowledge around useful and effective tools to address their mental health concerns.

Lessons Learned/Advice to Other Athletes

Six of the participants described experiences they have had on their journey being an athlete and lessons they learned and advice they would give to other athletes.

Two subcategories that emerged were 1) Mental health and Physical health are equally important and deserve attention and support, and 2) Happy outside of sports.

Five participants emphasized the importance of addressing both *physical and mental health*, and how that is an area for continued growth for athletes and those working in athletics. Specifically, many of the athletes talked about how part of the shift in understanding the importance of holistic wellness was seeing how bolstering their mental health had a significant positive impact on their performance as athletes. Since athletes are wired to be goal- and result-oriented, it is important to consider the importance of athletes seeing a tangible positive impact that comes along with addressing their mental health and seeking support. This is supported by previous researchers who have found, in conjunction with findings in this study, that a barrier to seeking out mental health services is questioning if it will yield effective results (Gulliver et al., 2012). This common result points to the importance of educating athletes on actual outcomes that are likely to be yielded from addressing their mental health concerns such as their performance in sports and beyond.

Only two participants talked about the importance of *finding happiness outside of sports*. Given the small number of athletes who noted the importance of being happy outside of sports, it is imperative to consider whether this is partly due to participants

overidentification with their athlete role that has interfered with developing and finding happiness in others areas of their life.

Domain: Other

Some data did not fit in any of the previous domains discussed above, resulting in an ‘Other’ domain. The two categories that were created within this domain were 1) Gender norms in sport and 2) Specific sport teams’ openness to mental health. Only one participant fell into both of these categories. Participant LR talked about how he did not perceive gender difference to be a significant predictive factor related to help-seeking behavior. More specifically, the participant talked about how he perceived masculinity and gender norms to be dissipating in sports, and that men and women athletes are often both held to the same standards. Although this was a rare finding, it is important to note that in this study there were no significant differences between the messages men and women received from significant sources towards mental health and seeking mental health services. This pattern provides some support for LR’s perception that gender differences are not as significant related to perceptions towards seeking help; however, this could be potentially due to their athlete identity transcending other parts of their identity such as gender, race, and age. Again, this could also be supporting that, although other parts of the participants’ identities are significant, their athlete identity is what is prioritized the most. This view increases the importance of why it is vital to deconstruct norms associated with being an athlete, given the implications this identity has on their attitudes, beliefs, and behaviors towards mental health/seeking help and beyond.

Another participant, TS, talked about how he perceived certain sport teams to be more open to addressing mental health concerns than others based on how ‘mental’ a sport it was. For example, TS is a golfer and he talked about how crucial addressing the mental part of their game is in order to be successful and perform well.

Summary of Discussion

This study contributes to the limited body of literature on student-athletes’ help-seeking behavior by examining the role communication, specifically memorable messages, play in informing athletes’ attitudes and behaviors towards seeking mental health services. Although there have been three other studies that have identified memorable messages athletes have received in sports, this is the first study to examine memorable messages received that have influenced their perceptions of seeking mental health services. Participants shared a variety of significant experiences related to memorable messages received, significant sources who sent the messages, and the overall impact they had on their help-seeking behaviors. Although all of the student-athlete participants shared their own unique experiences, there were many similarities in types of messages received and who athletes noted as being the most influential sources. The findings from this study suggest the important role communication plays in socializing athletes around their perceptions of mental health and seeking mental health services.

Limitations

The researcher tried to ensure this study was as rigorous as possible by taking steps such as bracketing biases (Appendix G), working with a research team, and having

an external auditor. However, as with all studies, limitations exist that must be examined when interpreting the findings that emerged from this study. The primary limitations that exist within this study include researcher bias, generalizability, participants who self-selected into study, and lack of diversity in sample. Although the researcher was intentional about maintaining trustworthiness of the study by bracketing biases with her research team, the main researcher did conduct the majority of the research given it being her dissertation study. The main researcher was the one who conducted all the interviews and facilitated the data analysis process throughout. Hill (2012) recommended interviewing between 8-15 participants for a CQR study. Given this small sample size, it is important to acknowledge the findings of this study cannot be generalized to larger populations, yet transferability rather than generalizability is the goal of qualitative research. Transferability in this study was achieved by providing insight into student-athletes' experiences that could help athletic personnel and colleges identify strategies to better support and advocate for student-athletes' mental health. Another potential limitation is recognizing that the student-athletes who self-selected in this study generally may have had more positive perceptions of seeking help whereas those with stigma towards seeking help might have been less likely to participate. This is an important factor to consider, given the majority of the memorable messages athletes reported receiving about seeking mental health services were mostly positive. Lastly, although there was some diversity in the representation of athletes in this study, including both African American and Caucasian participants and four different sport types, the majority

of the sample was Caucasian and were seniors in college. Given that student-athletes are one of the most diverse populations on a college campus, it is important that future researchers are intentional about representing this group appropriately.

Implications for Practice

The findings from this study examining memorable messages student-athletes have received from significant sources who have influenced their perceptions of seeking mental health services has implications for mental health professionals working with athletes, athletic departments, and youth sport organizations. Firstly, this study reinforces the importance of sports counseling, which is a specialization that is in continued need of advocacy and clarity around how counselors' skill sets can assist athletes in their unique presenting concerns that were illuminated in this study (Hebard & Lamberson, 2017). Examining memorable messages, experiences, and unique stressors athletes encounter provides more insight into specific areas of training that are essential for sports counselors to develop competence in several areas, including but not limited to the following: identity foreclosure, loss of normal college experience, sport becoming a job, fear of loss of eligibility, injuries, burnout, plateau, pressure to maintain image, body image concerns, performance anxiety, transitioning into college sports, transitioning out of sports, challenging dynamics with teammates and coaches, loss of star status, dealing with success and failures, and unhealthy sport culture norms.

Further, it is evident based on findings from this study that mental health concerns are prevalent among this population, and that athletes are wanting mental health to

become more integrated in their athletic environment and foundation. Based on the barriers the participants discussed in this study regarding athletes' seeking mental health services, the most commonly cited factors of ways to improve their help-seeking behaviors included having more education regarding mental health, having mental health resources available, and having an in-house mental health professional that is frequently available. The education component is crucial in increasing the mental health literacy among athletic personnel, including coaches, teammates, athletic directors, academic advisors, teammates, athletic trainers, and personal trainers, on common mental health concerns among athletes, symptoms to monitor, and knowledge of support resources. Educating athletes and athletic personnel is not only beneficial for increasing their knowledge about the importance of mental health, but also is a vital step in working towards destigmatizing mental health and seeking mental health services within sport culture.

Also, in this study athletes often compared physical health and mental health and talked about how addressing both is key to achieve peak performance. Mental health professionals educating athletes and athletic personnel should intentionally discuss the intersection between physical and mental health in order to use common sports language as a way to create buy in and point to how it will help them achieve their athletic goals. Using a holistic wellness perspective when educating athletes and athletic personnel will likely increase their openness and receptivity to the importance of mental health. Another

key way of normalizing addressing athletes' mental and physical health as being equally important is doing mental health screenings during their annual physicals.

Educating athletes from a wellness lens also communicates that it respects the process of what it takes to be physically healthy, while also emphasizing mental health's role in helping an athlete be the 'best' they can be on and off the field.

Educating student-athletes' family members about mental health is also important, given they were noted as one of the most influential sources in regards to participants' perceptions of seeking help. One recommendation would be, during athletes' freshman orientation, having an orientation specifically for athletes' parents led by a mental health professional about common mental health concerns among athletes, how to be a supportive athlete parent, and resources available to support their children's mental health.

Another important implication is how vital it is that athletic departments hire a full-time mental health professional/sport psychologist. Part of rebuilding athletes' perceptions of mental health is having a mental health professional who becomes a part of the 'team' who fosters and normalizes conversations about mental health and the importance of seeking out mental health services. The few student-athletes in the study who reported seeking counseling had a sport psychologist come in weekly to do 'Mental Fitness Mondays' where he emphasized the importance of addressing mental health concerns and introduced helpful coping strategies. Having a professional in house is also an integral step in building trust with athletes, especially given the common fear of

breach of confidentiality that athletes have in regards to seeking mental health services. Another recommendation based on the findings is hiring a mental health professional who was a former athlete as a way to build trust, safety, and rapport, given the shared experience and understanding of athlete stressors.

Lastly, as previously discussed in the findings, the major barriers and negative messages discussed among the participants about seeking mental health services were rooted in unhealthy norms and ideals they were socialized to subscribe to as athletes. Given the sport socialization process begins from the time an athlete enters into competitive sport (which for many athletes is at a young age, based on the findings and previous research), it is crucial to consider how ingrained these negative schemas towards mental health are by the time student-athletes get to college. Almost all of the participants in this study stated they started hearing messages about mental health and seeking help in elementary or middle school; therefore, educating athletes, families, and coaches at the youth level about mental health and ways to support their athletes' mental health is arguably one of the most fundamental components of changing the narrative and norms around mental health within athletics. One recommendation would be to have a mental health professional conduct tailored mental health workshops for athletes, parents, and coaches at their sports club/facility. Further, educating families about mental health at the inception of their athletes' careers would ideally help us reevaluate and rewrite potentially harmful phrases and memorable messages that exist for athletes like "Never Quit", "It's in your head", "No pain no Gain." Instilling new athlete values, norms, and

standards at a young age will help us move towards creating a culture of care for athletes physically and mentally that will have a positive impact on them throughout their athlete career and beyond.

Future Research

This research study is the first exploration of memorable messages student-athletes received and how those messages influenced their attitudes and behaviors towards seeking mental health services. The findings that emerged in this study have provided insight into athletes' experiences related to mental health and seeking mental health services that warrant further investigation to better understand how to reduce stigma towards seeking help and effective ways to support this populations mental health. The first area that should be explored more in depth in future research is deconstructing the development of how athletes are socialized in sports over time (longitudinally), with the intention to understand more clearly the impact it has on actual behavior implementation of seeking professional help. Further, within the Theory of Planned Behavior model, this study appeared to suggest *subjective norms* are the most predictive component of whether the student-athletes actually sought professional help; therefore, future researchers could quantitatively test the Theory of Planned behavior model to analyze whether *attitudes, subjective norms, or perceived behavioral control* is the most predictive factor of athletes intention to actually seek mental health services.

Another important area for future research is investigating the role sport types (individual, contact, and team) play in influencing athletes' openness to seeking mental

health services. Findings from this study suggest postulations that perhaps there were differences in individual and contact sports perceptions of mental health and seeking help that warrants further exploration. Similarly, more research should be conducted on whether sport types that have a specific focus on the ‘mental component’ of their game (e.g., golf) are more likely to have positive perceptions of addressing mental health concerns due to the overt impact it has on their performance.

Related to memorable messages, it is important that future researchers continue to examine the impact that no messages or neutral messages have on athletes’ perceptions towards seeking help, as this study provided some evidence that both no messages and negative messages could result in athletes’ unwillingness to seek out support.

Future researchers should also explore differences in athletes’ perceptions towards mental health and seeking help based on status in college (freshman versus senior) as most of the participants were seniors in this current study. Many of the participants eluded to how being a senior in college provided them with more perspective about what is important in their life. It also seems to be important to examine how their perspective evolved over time in their college career and if that altered their perceptions of seeking help. It would be important to conduct follow-up research on sources in terms of how gender and masculinity influences types of messages received around seeking mental health services, as a dad and uncle were the only two family sources who sent negative messages in this study.

Lastly, future research should examine more in depth how messages and experiences related to mental health and seeking mental health services shift over time. The majority of participants in this study noted a positive shift in their attitudes towards mental health over time; however, it is vital to determine if that shift actually alters their behaviors not just attitudes towards seeking mental health services. Part of gaining insight into this is examining whether there are changes in athletes' help-seeking behaviors based on colleges efforts to support their mental health such as mandatory NCAA trainings. It is vital to understand if existing efforts are leading to tangible outcomes in order to identify how to best support student-athletes' mental health.

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APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

What is your age? _____

What is your gender?

- a.) Male
- b.) Female
- c.) Non-Binary/Other

Please specify your ethnicity:

- a.) White
- b.) Hispanic or Latino
- c.) Black or African American
- d.) Native American or American Indian
- e.) Asian/Pacific Islander
- f.) Other

What is your sexual orientation?

- a.) Heterosexual
- b.) Gay
- c.) Lesbian
- d.) Other

What year are you in college currently?

- a.) Freshman
- b.) Sophomore
- c.) Junior
- d.) Senior

What contact or individual sport do you play?

- a.) Football
- b.) Field Hockey
- c.) Soccer
- d.) Wrestling
- e.) Basketball
- f.) Diving
- g.) Lacrosse
- h.) Water Polo
- i.) Swimming
- j.) Golf

- k.) Track and Field
- l.) Gymnastics
- m.) Tennis

What is your year of eligibility in your sport (if different than question above)?

How many years have you been participating in that sport competitively? _____

APPENDIX B

RECRUITMENT EMAIL

Hello! My name is Aviry Reich. I am a doctoral student in the Counseling & Educational Development Department at The University of North Carolina at Greensboro. I am conducting a research study on student-athletes who currently participate in a contact or individual sport at Division 1 universities.

I was a competitive year-around swimmer starting at the age of 7 years old, and was a Division 1 student-athlete at The University of Maryland. My passion for pursuing this research stems from my own experience as a former athlete and my desire for mental health to be better prioritized and emphasized in athletics. My hope is this study will provide insight into how to de-stigmatize mental health in sport culture and identify ways to remove barriers that interfere with athletes utilizing mental health services.

The purpose of this study is to explore the role communication (specifically *memorable messages*) plays in how athletes are socialized to think and behave about seeking professional mental health services. I want to understand what these memorable messages are and how they might be contributing to the stigma that exists in sport culture towards seeking mental health services. In addition, I want to understand the sources of these messages, such as coaches, parent, siblings, teammates, media, culture, religion, etc.

If you are a current Division 1 athlete in an individual sport or a contact sport, you are eligible to participate. Participation involves completing a demographic questionnaire, which will take approximately 5-10 minutes, and a 1-hour virtual interview (via Zoom Conference). I will send you the main interview questions and an informational handout to review a week before your scheduled interview.

Athletes will receive a \$5 Starbucks gift card incentive for participating in the research study.

If you have any questions or would like to participate in the research, I can be reached at alreich@uncg.edu or 704-277-5352. I appreciate your consideration and look forward to hearing from you!

APPENDIX C
INFORMED CONSENT FORM

Project Title: Memorable Messages that Shape Student-Athletes' Perceptions of Seeking Mental health services

Principal Investigator:

Name: Aviry Reich

Department: Counseling & Educational Development

Email: alreich@uncg.edu

Faculty Advisor: Dr. L. DiAnne Borders

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about?

This is a research project. Your participation is voluntary. The purpose of this study is to explore the role communication (specifically memorable messages) plays in how athletes are socialized to think and behave regarding seeking professional mental health services. More specifically, the aim of the study is to understand what and how these memorable

messages might be contributing to the stigma that exists in sport culture towards seeking such help. This study will explore memorable messages student-athletes received growing up that influence their attitudes and beliefs surrounding professional mental health services. This study will also identify who the most significant sources (family, coach, teammate, etc.) were that communicated these messages.

Why are you asking me?

- NCAA Division I student-athletes
- Athletes that participate in **contact** or **individual** sports
- Any student status (freshman, sophomore, junior, or senior)

What will you ask me to do if I agree to be in the study?

If you are selected to participate, you will be asked to complete/return the informed consent form, and schedule a 1-hour interview via Zoom Conference. You will receive the main interview guide and an informational handout (with additional details of the study) a week before the interview.

The time commitment required for this study will include approximately 2 hours total: approximately 20-30 minutes to complete the demographic questionnaire and informed consent; approximately 20-30 minutes to review the interview guide and information handout prior to the interview, and then 1 hour for the interview itself.

Is there any audio/video recording?

The interview will be conducted via Zoom Conference. Participants can choose whether they prefer the interview to be *audio* or *video* recorded on Zoom. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described below. In addition, interview recordings will be deleted once they are transcribed.

What are the risks to me?

The Institutional Review Board at The University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. It is possible that talking about your memorable messages may be uncomfortable. If you experience any discomfort during the interview, please reach out to a trusted friend or family member, or consider contacting the counseling center on your campus.

If you have questions, want more information or have suggestions, please contact Aviry Reich or Dr. Borders. You can reach Aviry Reich at (704) 277-5352 or alreich@uncg.edu and Dr. Borders at borders@uncg.edu.

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to *me* or society as a result of me taking part in this research?

There are no direct benefits to participating in the study. However, indirect benefits of participating in this study may include contributing to a limited knowledge on barriers for student-athletes seeking mental health services. Participants may provide information in their interviews that provide insight into messages and significant sources (parent, teammate, coach, media) that may be perpetuating stigma towards seeking mental health services among student-athletes. By gaining a more in-depth understanding of the memorable messages and the most significant sources that influence student-athletes, counseling professionals may gain important information about how to destigmatize mental health services (increase athletes' utilization of mental health services), develop effective outreach programs, and make structural modifications within universities that make getting help more accessible to student-athletes. Further, results of this study may indicate how counseling professionals can educate the significant sources (i.e., families, coaches, peers, media) about how to appropriately support and communicate with athletes that could help improve wellness among athletes and foster a culture of care. On a systemic level, this study could begin to explore how to enhance what it means to be an athlete, and re-define norms that can cause physical and emotional harm for this population.

Will I get paid for being in the study? Will it cost me anything?

All participants will receive a \$5 Starbucks gift card after the completion of their interview. There are no costs to you for participating in this study.

How will you keep my information confidential?

All information participants disclose will be kept confidential. Before interviews are sent to the professional transcription services, the lead researcher will require all those handling the data to sign an informed consent form that ensures they maintain confidentiality. All recorded interviews will be stored on the researchers password protected computer. Further, after receiving the transcribed interviews, the researcher will de-identify all participants' information (e.g. remove any mention of the name of your

university) and assign each person a pseudonym to protect your anonymity. The research team members who will assist with coding the interviews will only have access to the interviews once the de-identifying process is complete. The data will be kept until the lead researcher completes her dissertation study. After completion of her study she will delete all recorded interview files. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if you want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form/completing this survey/activity (used for an IRB-approved waiver of signature) you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By clicking on the link below, you are agreeing that you are 18 years of age or older and are agreeing to participate, in this study described to you by Aviry Reich.

Signature: _____ Date: _____

APPENDIX D

INFORMATIONAL HANDOUT

Purpose of Study: The purpose of this study is to explore the role communication (specifically memorable messages) plays in how athletes are socialized to think and behave around seeking professional mental health services.

****The goal of this study is to identify specific memorable messages student-athletes have received from significant sources in their life including (e.g., coaches, family, siblings, teammates, media, culture, religion etc.) that have influenced their perception of seeking professional mental health services.**

Researchers have found student-athletes are less likely to seek help from mental health professionals than their non-athlete peers (Watson, 2005).

What are professional mental health services?

Professional mental health services include “assistance provided by individuals who have a recognized role and appropriate training in providing mental health treatment” (Rickwood et al., 2005, p. 4).

This would include Counselors, Social Workers, and Psychologists

What is a memorable message?

Memorable Messages are messages that people recall for a long period of time and that have considerable influence on some aspect of their lives (Knapp et al., 1981; Stohl, 1986).

“The only necessary and sufficient condition that distinguishes a memorable message from the thousands of others we receive each day is the retrospective judgment by the individual that the message was/is significant and can be precisely recalled” (Stohl, 1986, p. 234)

One study looked at memorable messages college students’ received that helped them navigate their college experience.(Nazione et al., 2011)

Here are some examples of positive memorable messages from that study:

“Never stop believing in yourself”

“Whatever you put your mind to, you can do it.”

These positive messages influenced college students' lives by increasing their confidence in themselves and their ability to overcome barriers in challenging situations.

Here is an example of a negative memorable message from that study:

“Because of my attitude, I was lazy. I would probably flunk out of college.”

This negative message influenced college students' lives by decreasing their confidence in themselves and their ability, and made them believe that college would be too hard for them to be successful.

APPENDIX E

COMPLETE/REVISED INTERVIEW GUIDE

1. What does it mean to you to be an athlete? (core values)
 - a. Positive and Negative traits or values?
2. How has your experience as an athlete influenced your life?
 - a. If answered positively, ask: “What drawbacks have there been to being an athlete?”
 - b. If answered negatively, ask: “What benefits have there been to being an athlete?”
3. Of the messages you have heard about what it means to be an athlete, what has stuck with you the most? In what ways has that message affected you (good or bad)?
 - a. What about good or bad messages related to seeking mental health services?
 - b. How do you think athletes view mental health and getting help from a mental health professional as a whole?
 - i. What are your thoughts about professional athletes publicly speaking up about their mental health concerns and seeking mental health services (Michael Phelps and Kevin Love)?
 - c. What stressors do athletes experience that would warrant seeking professional psychological help?
4. Researchers have found that there are a variety of barriers that interfere with athletes not seeking mental health services (ex. stigma). What do you perceive as the main barriers?
 - a. Where (who) do you think the stigma comes from?
 - i. What messages are communicated in ‘sport culture’ that perpetuates this stigma?
 - ii. When did you first hear those messages?
 - b. How has your identity as an athlete influenced your perception of seeking help (generally and professionally)?
 - i. If you have sought help, how did you get to that point?
5. How did those messages change over time in your athletic journey? How?
 - a. What about any messages specifically related to mental health and/or seeking professional psychological help?
 - b. Can you provide an example? What did you think or feel about those messages?
6. I remember when I suffered a shoulder injury that interfered with my being able to participate in the first half of my season my sophomore year. This injury took a serious emotional toll on me; however, I did not consider getting help from a mental health professional. Have you ever had an experience like that? Please describe.
7. Can you think of a specific event or experience of a strong message you received from a parent, coach, teammate, mass media, or culture that has influenced your perception of seeking help? If so, please explain.

- a. Within a sport environment
 - b. Outside of sports environment
- 8. Who in your life has influenced you the most, in terms of how you perceive mental health and seeking out support? How?
- 9. What other messages have you received as an athlete that influence whether your beliefs about mental health problems and/or whether you would seek a mental health provider in a difficult situation?

APPENDIX F

STUDY MODIFICATIONS

Demographic Form:

- 1.) Add a question about their eligibility status
- 2.) Add a question to contextualize their role on the sports team

Informational Handout:

- 1.) Remove the statement about the focus of the study being to understand the stigma that exists among athletes towards seeking professional psychological help
- 2.) Add a brief comment or statement about student-athletes' help-seeking behavior

Interview Guide:

- 1.) Instead of directly pointing out stigma as the main barrier in interview question 4, state there are a variety of barriers why athletes don't seek help (ex. stigma)
- 2.) Add a brief follow up about their general help-seeking behavior (in addition to asking about professional psychological help)
- 3.) Move follow-up questions a and b in question 1 down to question 3
- 4.) In question 1 state "What does it mean to you to be an athlete?"
- 5.) Ask a follow up question about what athletes thoughts are about professional athletes' speaking up about mental health and seeking mental health services
- 6.) If an athlete discloses they have sought professional psychological help, ask a follow-up question about how they got to that point of following through

Limitations of study:

- 1.) Noting that student-athletes may not be able to access memorable messages because they are immersed in their sport and aren't able to see the bigger picture.

APPENDIX G

BRACKETING EXERCISE

Questions:

1. Do you perceive student-athletes to struggle with mental health concerns (more so than their non-athlete peers)?
2. Do you think student-athletes that struggle with mental health concerns should seek mental health services (or seek other forms of informal support)?
3. What mental health concerns do you think impact athletes the most?
4. What do you perceive to be the biggest barrier why student-athletes don't seek mental health services?
5. Do you perceive stigma towards seeking mental health services to be greater among student-athletes than non-athletes?
6. Do you think student-athletes have received mostly positive or negative messages about seeking mental health services?
7. Do you think messages student-athletes receive growing up about seeking help impacts their current attitudes and beliefs towards seeking help?
8. Who do you perceive to be the most significant sources that communicate messages to athletes about mental health services (coaches, teammates, parents, etc.)? athletes' perceptions of seeking mental health services? (Do you think those people are communicating mostly positive or negative messages?)
9. What do you think has the biggest impact on whether a student-athlete will seek mental health services or not?

Principal Researcher's Bracketing List:

- Former athlete and student-athlete (15 plus years)
- Overall, being an athlete has positively impacted me as a person
- Positive & Negative
 - Positives: hardworking, resilient, tough, teamwork, perseverance, time-management, confidence, social network, leadership and social skills
 - Negatives: identity foreclosure, injury, sport culture norms (mental toughness) lower help-seeking behaviors (both informal and formal support)
- Mental health in sports-never discussed when I was an athlete growing up (communicated to me it wasn't valued in sports)
 - This appears to be somewhat shifting in athletics as a whole based on observations (social media) and conversations with more current athletes

- Based on the research and personal observations I do think student-athletes struggle with mental health problems, and have unique stressors that might make them more susceptible to developing mental health concerns (and less time to develop healthy coping skills and seek out support-informal and formal)
- I'm not sure if male or female student-athletes struggle with mental health concerns more, but I do think there is more stigma around mental health and seeking help for male athletes
- Research says female athletes struggle with mental health concerns more than males, but I think that is probably because male athletes aren't self-reporting which skews findings
- I think athletes that participate in contact and individual sports are least likely to seek help (what research says)
- I think student-athletes seek informal support significantly more than mental health services (what research says)
- I think student-athletes would benefit seeking mental health services in addition to sport performance assistance
- Mental health concerns that impact athletes the most: anxiety, depression, eating-disorders, and substance use
- Barriers to seeking help: Time, Stigma (Sport culture/norms/athlete identity), and Mental health literacy, Prior negative or positive experiences
 - I do think there is greater stigma towards seeking mental health services among athletes than non-athletes
- I think based off my personal experiences and observations as a former athlete I think there may be more negative or neutral messages...in my case mental health wasn't ever encouraged or discussed.
- I think messages student-athletes receive at a young age about mental health/seeking help have a significant impact on their current attitudes towards seeking help
- I think parents and teammates might be the most significant sources that influence student-athletes perceptions of seeking help
- Ultimately, I perceive stigma and mental health literacy to be the most significant barriers to SA not seeking help.
- In some ways I think lack of awareness about mental health concerns leads to a perpetual cycle of stigma-If a SA doesn't know they are struggling with a mental health problem then conversations about mental health will not be discussed; therefore, can't work towards destigmatizing mental health problems and seeking mental health services
- I think in order to create a shift in destigmatizing mental health/seeking help it is important to gain more insight into sport culture/norms that have and continue to guide attitudes, beliefs, and behaviors about mental health/seeking help

Research team themes across biases:

- Belief athletes tend to oversubscribe to their athlete identity
- Attributing mental health symptoms to poor performance
- Athletes' identity-sport performance
- Identities as counselors makes us biased to believe athletes need more attention to address their mental health problems
- College systems are not set up to support athletes
- Male athletes tend to underreport their mental health problems
 - Stigma more pervasive for men
- Peers/Teammates have a significant influence on their perceptions of seeking mental health services.
- Belief that Shame/Worry and Confidentiality are barriers that interfere with athletes seeking help
- Belief that message will generally be more negative or neutral messages
- Self-worth/Confidence (sport performance)--> led to mental health concerns
- Sport being outlet for aggression/anger (emotional outlet/coping)
- Sport culture influencing their attitudes and behaviors towards seeking help
- Explicit/Implicit messages
- Athletes constantly under Surveillance could act as a barrier to seeking help
- Athletes have some unhealthy perfectionistic tendencies
- Stigma, Mental health literacy are significant barriers to athletes not seeking help
- Athletes encounter unique stressors
- Coaches, Teammates, and parents being the most significant sources to influencing their perceptions of seeking help
- Gender may or may not play a role-Masculinity